

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01041

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE BEACH AND YACHT CLUB AT PERDIDO KEY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16790 PERDIDO KEY DRIVE
PENSACOLA, FL 325079324

New Principal Place of Business:

Current Mailing Address:

16790 PERDIDO KEY DRIVE
PENSACOLA, FL 325079324

New Mailing Address:

FEI Number: 59-2625303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, FLETCHER
226 S. PALAFOX STREET 9TH FLOOR
SEVILLE TOWER
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MIANO, ANN
Address: 204 CLERMONT DRIVE
City-St-Zip: BIRMINGHAM, AL 35209

Title: P () Delete
Name: LOFLIN, WES
Address: P. O. BOX 4787
City-St-Zip: MONROE, LA 71211

Title: D () Delete
Name: WARREN, NANCY
Address: 44 ENGLISH TURN DRIVE
City-St-Zip: NEW ORLEANS, LA 70131

Title: ST () Delete
Name: GIBSON, LANIER
Address: 3004 ASHBURY LANE
City-St-Zip: BIRMINGHAM, AL 35243

Title: D () Delete
Name: STRICKLAND, MORRIS
Address: 3630 PERRYMAN RD
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: D () Delete
Name: MOTE, STEVE
Address: 716 CHASE BROOK CIRCLE
City-St-Zip: BIRMINGHAM, AL 35244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WARREN, NANCY
Address: 44 ENGLISH TURN DRIVE
City-St-Zip: NEW ORLEANS, LA 70131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CHAIN, BOBBY
Address: 312 SIXTH AVENUE
City-St-Zip: HATTIESBURG, MS 39401

Title: D (X) Change () Addition
Name: GOOD, LOU
Address: 6221 SOUTH CLAIBORNE AVE
City-St-Zip: NEW ORLEANS, LA 70125

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WES LOFLIN

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date