

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90249 004 ****61.25

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1. Entity Name
SAN PERDIDO ASSOCIATION, INC.



Principal Place of Business
**17075 PERDIDO KEY DR
PENSACOLA, FL 32507**

Mailing Address
**17075 PERDIDO KEY DR
ATTN: ASSOCIATION DEPT.
PENSACOLA, FL 32507**

400331



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
51-0423304

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANKENSHIP, SUZANNE ESQ.
4300 BAYOU BLVD., SUITE 13
PENSACOLA, FL 32503**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME GRONAUER, JOHN
STREET ADDRESS 17075 PERDIDO KEY DRIVE
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME WEST, HAROLD
STREET ADDRESS PO BOX 702
CITY-ST-ZIP WINFIELD, AL 35594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAROCHE, GERALD E
STREET ADDRESS 3509 VILLAGE RD
CITY-ST-ZIP FORT SMITH, AR 72903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HARST, BILL
STREET ADDRESS 116 BELMONT PARK DR
CITY-ST-ZIP BUSH, LA 70431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMITH, MIKE
STREET ADDRESS 17075 PERDIDO KEY DR
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06 (850) 292-9565

Date

Daytime Phone #