

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004881

FILED
Apr 28, 2008
Secretary of State

Entity Name: SAN PERDIDO ASSOCIATION, INC.

Current Principal Place of Business:

17075 PERDIDO KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0423304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANKENSHIP, SUZANNE ESQ.
4300 BAYOU BLVD., SUITE 13
PENSACOLA, FL 32503 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: STD () Delete
Name: GRONAUER, JOHN
Address: 17075 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: STD () Delete
Name: WEST, HAROLD
Address: PO BOX 702
City-St-Zip: WINFIELD, AL 35594

Title: D () Delete
Name: LAROCHE, GERALD E
Address: 3509 VILLAGE RD
City-St-Zip: FORT SMITH, AR 72903

Title: VD () Delete
Name: HARST, BILL
Address: 116 BELMONT PARK DR
City-St-Zip: BUSH, LA 70431

Title: PD () Delete
Name: SMITH, MIKE
Address: 17075 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: GRONAUER, JOHN
Address: 17075 PERDIDO KEY DRIVE UNIT 3C
City-St-Zip: PENSACOLA, FL 32507

Title: VD (X) Change () Addition
Name: PRESCOTT, TOM
Address: 195 SUMMERHOUSE LANE
City-St-Zip: DUNWOODY, GA 30350

Title: D (X) Change () Addition
Name: STILLMAN, MIKE
Address: 17445 JUNE BERRY COURT
City-St-Zip: LAKEVILLE, MN 55044

Title: D (X) Change () Addition
Name: HURST, BILL
Address: 116 BELMONT PARK DR
City-St-Zip: BUSH, LA 70431

Title: PD (X) Change () Addition
Name: SMITH, MIKE
Address: 17075 PERDIDO KEY DR UNIT 6W
City-St-Zip: PENSACOLA, FL 32507

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: MIKE SMITH

PD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date