

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004881

FILED  
Apr 10, 2009  
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 UNIT 3C  
City-St-Zip: PENSACOLA, FL 32507

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

04/10/2009

Electronic Signature of Signing Officer or Director

Date