

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 022 ****61.25

DOCUMENT # N02789

1. Entity Name

LORELEI CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business

13880 PERDIDO KEY DR
#301
PENSACOLA FL 32507
US

Mailing Address

13880 PERDIDO KEY DR
#301
PENSACOLA FL 32507
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1030170

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

BEUMER, BRENDA
13880 PERDIDO KEY DR.
9TH FLOOR - SEVILLE TOWER
PENSACOLA FL 32507

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD ☒ Delete
NAME PALMER, DENISE
STREET ADDRESS PO BOX 874
CITY-ST-ZIP ORANGE BEACH AL 36561

TITLE DV ☐ Delete
NAME O' BRIEN, BARBARA
STREET ADDRESS 17135 PERDIDO KEY DR.#301
CITY-ST-ZIP PENSACOLA FL 32507

TITLE DT ☐ Delete
NAME FLANAGAN, LYNN
STREET ADDRESS 4513 EAST WOODROAST
CITY-ST-ZIP JACKSON MS 39211

TITLE DS ☒ Delete
NAME CLEVELAND, O.A.
STREET ADDRESS 505 CANTERBURY RD.
CITY-ST-ZIP STARKVILLE MS 39759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME Donna Spiegel
STREET ADDRESS 17135 Perdido Key Dr #106
CITY-ST-ZIP Pensacola, FL 32507

TITLE ☐ Change ☒ Addition
NAME Charlie Nettville
STREET ADDRESS 3695 Buffalo Rd.
CITY-ST-ZIP Woodville, MS 39669

TITLE ☐ Change ☒ Addition
NAME Betty Williams
STREET ADDRESS 17135 Perdido Key Dr. #105
CITY-ST-ZIP Pensacola, FL 32507

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

Donna Spiegel Donna Spiegel 4/30/04 850492-7582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #