

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010131

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ATLANTIS AT PERDIDO ASSOCIATION, INC.

## Current Principal Place of Business:

17357 PERIDO KEY DRIVE  
PENSACOLA, FL 32507

## New Principal Place of Business:

## Current Mailing Address:

13880 PERIDO KEY DRIVE  
PENSACOLA, FL 32507

## New Mailing Address:

FEI Number: 20-0492697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEUMER, BRENDA L MANAGER  
13880 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 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: PD ( ) Delete  
Name: HERBERT, JULE  
Address: 17357 PERDIDO KEY DRIVE, #1-E  
City-St-Zip: PENSACOLA, FL 32507

Title: VD ( ) Delete  
Name: MONTAGUE, RUTH  
Address: 5269 PEACAN GROVE LANE  
City-St-Zip: MEMPHIS, TN 38120

Title: STD ( ) Delete  
Name: BELL, SUSAN  
Address: 4011 MEMORY LANE  
City-St-Zip: ABERDEEN, MS 39730

Title: D ( ) Delete  
Name: HURD, BRIAN  
Address: 3621 ARCADIA DRIVE  
City-St-Zip: TUSCALOOSA, AL 35404

Title: D ( ) Delete  
Name: PORTER, CHARLES  
Address: 134 SUMMERS BAY DRIVE  
City-St-Zip: RIDGELAND, MS 39159

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PORTER, CHARLES  
Address: 117 WOODMONT WAY  
City-St-Zip: RIDGELAND, MS 39157

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

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

Title: D (X) Change ( ) Addition  
Name: HERBERT, JULE  
Address: 17357 PERDIDO KEY DR. # 1E  
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change ( ) Addition  
Name: KELL, KAY  
Address: 1623 GALLERY ST.  
City-St-Zip: PASCAGOULA, MS 39581

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: CHARLES PORTER

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date