2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010131

Entity Name: ATLANTIS AT PERDIDO ASSOCIATION, INC.

Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17357 PERIDO KEY DRIVE PENSACOLA, FL 32507

Current Mailing Address: New Mailing Address:

13880 PERIDO KEY DRIVE PENSACOLA, FL 32507

FEI Number: 20-0492697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEUMER, BRENDA L 13880 PERDIDO KEY DRIVE PENSACOLA, FL 32507

OFFICERS AND DIRECTORS:

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:

Date

Name:

Title:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

() Delete PORTER, CHARLES Name: 117 WOODMONT WAY Address:

City-St-Zip: RIDGELAND, MS 39157

Title: VD () Delete MONTAGUE, RUTH Name: Address: 5269 PEACAN GROVE LANE

City-St-Zip: MEMPHIS, TN 38120

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

() Delete Title: KELL, KAY Name:

Address: 1623 GALLERY ST. City-St-Zip: PASCAGOULA, MS 39581

Title: () Delete

Name: Address: City-St-Zip: Name: MCCARTHY, KEVIN Address: 5655 N. MERIDIAN ST

MONTAGUE, RUTH

MEMPHIS, TN 38120

5269 PECAN GROVE LANE

City-St-Zip: INDIANAPOLIS, IN 46208

Title: (X) Change () Addition KELL, KAY Name:

1623 GALLERY ST. Address: City-St-Zip: PASCAGOULA, MS 39581

(X) Change () Addition Title:

Name: BELL, SUSAN 40011 MEMORY LANE Address: City-St-Zip: ABERDEEN, MS 39730

Title: () Change (X) Addition

DAVIS, BROOKS Name: 1609 CREEKWOOD DR. Address: City-St-Zip: RED BAY, AL 35582

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: BRENDA L. BEUMER **AGEN** 04/13/2009