

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011959

FILED  
Apr 19, 2007  
Secretary of State

**Entity Name:** PERDIDO KEY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

113 BAYBRIDGE PARKWAY  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

113 BAYBRIDGE PARKWAY  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JAMES S  
BEGGS & LANE, LLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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

CAMPBELL, JAMES S  
BEGGS & LANE, RLLP  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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: JAMES S. CAMPBELL

04/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MACQUEEN, JULIAN B  
Address: 113 BAYBRIDGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: VSD ( ) Delete  
Name: TOWNSEND, JEFF  
Address: 113 BAYBRIDGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: MACQUEEN, JULIAN B  
Address: 113 BAYBRIDGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIAN B. MACQUEEN

DPT

04/19/2007

Electronic Signature of Signing Officer or Director

Date