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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N04383

(8)

PERDIDO SHORES WEST TOWNHOUSE ASSOCIATION, INC.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director Dis-		Net a Address				
епостра: ета	ace of Business	Mailing Address				
	T. JAMES PIROTTE	C/O CAPT. JAMES				
	rdido key dr 2 Ila fl 32507	14799 PERDIDO KE PENSACOLA FL 32:				
US		US	-		3. Date Incorporated or Qualified 07/26/1984	3a. Date of Last Report 02/22/1995
—	Place of Business	2a. Mailing Address			4. FEI Number 59-3054136	Applied For
Suite, Ap	N # Ale	Suite, Apt. #, etc.			33 0004 100	Not Applicable
22 Suite, Ap	n. n , etc.	27 Stitle, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St.	ale	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Countr	у	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Ro	egistered Agent
			81	Name		
	ITE, CAPT. JAMES		82	Street A	kddress (P.O. Box Number is Not Acceptabl	le)
14799 PERDIDO KEY DR			83			
2	10014 51 00505		63	'		
PENS	SACOLA FL 32507		B4	City		85 Zip Code
11 Durouso	at to the provisions of Sections 617.0500	2 and 617 1609 Florido Sto	tutas the about	200000 600	rporation submits this statement for the purp	FL 3 2 p code
or regis	stered agent, or both, in the State of Flori	ida. Such change was autho	orized by the corp	poration's b	poard of directors. I hereby accept the appo	pose of changing its registered offici bintment as registered agent. I am
2, .09,0	with, and accept the obligations of, Seci	tion 617.0503, Florida Statu	ites.			
familiar	· · · · · · ·					
familiar SIGNATURE	Supplied bread or profiles have of our troud again	e sam brigari sayak at ke	/NOTE - Remotered Ana	aist diversal, ec ec.	Oursell actual remotability	DATE
familiar	Signature, typed or printed frame of registered ages	card title if applicable	(NOTE Registered Age	ent signature rec	gained when reinstaltings ADDITIONS/CHANGES TO OFFE	OATE ICERS AND DIRECTORS IN 12
familiar SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN	**************************************		ant signature rec		
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