2004 NOT-FOR-PROFIT CORPORATION

Fill Ph

AMENDED ANNUAL REPORT								FILED				
DOCUMENT # N04383 1. Entity Name PERDIDO SHORES WEST TOWNHOUSE ASSOCIATION, INC.									O4 NOV SECRE TALLAH	19 AM TARY OF ASSEE. F		
Principal Plac C/O ANNE PI 14799 PERC PENSACOLA,	ROTTE DIDO KEY DR FL 32507	Mailing Address C/O ANNE PIROTTE 14799 PERDIDO KEY DR 2 PENSACOLA, FL 32507 US										
Principal Place of Business Storeet Suite, Apt. #, etc.			3. Mailing Address 26124 Perdio Beach Blvd., 1 Suite, Apt. #, etc.			Unit		Chg-NP		37 (10/03)		
City & State Pensacola, FL COSTO			City & State Orange Beach, AL				4. FEI Number 59-3054136				plied For t Applicable	
Zip 32502	O2 USA		1	36561		ntry USA	5. Certificate of Status				\$8.75 Add Fee Require	
سره د مستب	6. Name	and Address of Current F	Registered	Agent		7. Name and Address of New Registered Agent						
PIROTTE, ANNE 14799 PERDIDO KEY DR						Name Jeffrey T. Sauer Street Address (P.O. Box Number is Not Acceptable)						
2 PENSACOLA, FL 32507						510 East Zaragoza						
						Pensacola FL				Zip Code 3250	52	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to the signature of the signature of the signature required to the signature of the signat								when reinstating)	<u> </u>	9/28/0 DATE		·
10.	Amended	ECTORS	Trust Fund Contribution			Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE	PD	0.1.102.107.110.2111	2010/10	⊠ Delete	TITLE	····	DP	IDDITIONA, OF I	ANGEO TO OTTIC	JE113 AND DI	Change	(X) Addition
NAME STREET ADDRESS CITY-ST-ZIP	PIROTTE,	RDIDO KEY DR #2			NAME STREE		Shive 26124	ers, Julius Perdido l ge Beach, <i>A</i>	Beach Blvd.	•	change	LAS Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	717 S. FO	SLAYDON, LES 717 S. FOSTER DR. STE 130 STRE				T ADDRESS ST-ZIP	DS Change Addition Shivers, Helen B. 26124 Perdido Beach Blvd., Unit 1 Orange Beach, AL 36561					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANEY, S	TEPHEN RDIDO KEY DR #3	. , —	🖄 Delete	TITLE NAME STREE		D Shive 26124	ers, Bradle	ey D. Beach Blvd.	, Unit 1	Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				-	0004 2 9/04010	2 905 55005	Change	Addition 25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Delete		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP		-	, -		☐ Change	☐ Addition

SIGNATURE AND TYPED ONE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND EVEN OF SIGNATURE PROPERTY OF SIGNATURE SIGNATURE