

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000365

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** HARBOUR POINTE OF PERDIDO KEY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

831 FAIRWAYS COURT SUITE 102  
STOCKBRIDGE, GA 30281

**New Principal Place of Business:**

1430 EAST PIEDMONT DRIVE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

831 FAIRWAYS COURT SUITE 102  
STOCKBRIDGE, GA 30281

**New Mailing Address:**

1430 EAST PIEDMONT DRIVE  
TALLAHASSEE, FL 32308

**FEI Number:** 20-5682418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, MARK A  
1430 EAST PIEDMONT DRIVE  
TALLAHASSEE, FL 32308 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: ADAMS, LARRY  
Address: 2010 AVALON PARKWAY, SUITE 400  
City-St-Zip: MCDONOUGH, GA 30253

Title: VD ( ) Delete  
Name: FERMAN, DANIEL  
Address: 39 WOODLAKE DRIVE  
City-St-Zip: NEWMAN, GA 30265

Title: STD ( ) Delete  
Name: BEARD, W. L  
Address: 107 PEEPLES ROAD  
City-St-Zip: FAYETTEVILLE, GA 30215

Title: D ( ) Delete  
Name: JONES, FRED  
Address: PO BOX 2467  
City-St-Zip: PEACHTREE CITY, GA 30269

Title: D ( ) Delete  
Name: CONNER, AL  
Address: 551 WOODFERN COURT  
City-St-Zip: TALLAHASSEE, FL 32312

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

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

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

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

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

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

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: MARK A CONNER

P

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date