


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N09223 1. Entity Name LANDS END OF PERDIDO KEY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 13335 JOHNSON BCH RD 13335 JOHNSON BEACH ROAD PENSACOLA, FL 32507 US	Mailing Address P.O. BOX 34126 PENSACOLA, FL 32507 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2542950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA 348 MIRACLE STRIP PKWY SW, STE 7 FORT WALTON BEACH, FL 32548

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000913132 05/08/08-80004-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FARREN, RENEE 5218 EDMONDSON DALLAS, TX 75209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GONSOULIN, JERRY PO BOX 3714 HOUMA, LA 70361
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDDY, CHRIS 10110 PECUE LN BATON ROUGE, LA 70810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAKER, RYAN 2300 ARABIAN RD. COLUMBIANA, AL 35051
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOISFUNTAIN, CURT 3900 NORMANDY AVE DALLAS, TX 75205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGLETERY, BRENDA 13335 JOHNSON BENCH RD PENSACOLA, FL 32507

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Brenda Singletary** **4-17-08** **950-452-3823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #