

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90069 026 \*\*\*\*61.25

**DOCUMENT # N96000005222**

1. Entity Name

**PERDIDO HOUSING CORPORATION**

Principal Place of Business

Mailing Address

**348 MIRACLE STRIP PKY., STE. 13  
 FT. WALTON BEACH FL 32548**

**348 MIRACLE STRIP PKY., STE. 13  
 FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3411287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**KENT, MICHAEL G  
 348 MIRACLE STRIP PKY., STE. 13  
 FT. WALTON BEACH FL 32548**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HUNTER, CECIL T 1330 E. SCOTT ST. PENSACOLA FL 32503</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BECK, KEVIN T 14250 49TH ST N CLEARWATER FL 33782</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS HORVATH, DANIEL R 302 N. BARCELONA ST PENSACOLA FL 32501</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WYATT-SOOK, FRAN 5295 DURANGO PLACE PENSACOLA FL 32504</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DIRECTOR / VICE CHAIRMAN BENJAMIN N. PEARLE 551 MOONEY ROAD FT WALTON BEACH, FL 32547</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>DIRECTOR / SECRETARY LAURA B. WRIGHT 110 PERRY AVE FT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DIRECTOR PATI SANNARZBURG 1170 MARTIN LUTHER KING JR BLVD FT WALTON BEACH, FL 32547</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in 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 OF MICHAEL G. KENT**

**4/4/02**

**850-664-6000**

#203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**LAURA B. WRIGHT, Secretary 6-4-02**

CR2E037 (9/01)