

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90088 027 ****70.00

DOCUMENT # N96000005222					
1. Entity Name PERDIDO HOUSING CORPORATION					
Principal Place of Business 110 PERRY AVE SE FT. WALTON BEACH, FL 32548			Mailing Address PO BOX 4309 FT. WALTON BEACH, FL 32548		
2. Principal Place of Business		3. Mailing Address 205 Brooks St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 201			
City & State		City & State Ft. Walton Beach, FL		4. FEI Number 59-3411287	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KENT, MICHAEL G 205 BROOKS ST. STE 201 FT. WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME ROBER, COLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 200 WILLING ST	CITY-ST-ZIP MILTON, FL 32570		NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VCD	NAME PEARCE, BENJAMIN N	<input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 551 MOONEY RD	CITY-ST-ZIP FORT WALTON BEACH, FL 32547		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS	NAME WRIGHT, LAURA B	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 110 PERRY AVE	CITY-ST-ZIP FORT WALTON BEACH, FL 32548		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME SONNARBORG, PATTI	<input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1170 MARTIN LUTHER KING BLVD BLDG 7	CITY-ST-ZIP FORT WALTON BEACH, FL 32547		STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME WILCOX, CYNTHIA	<input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 110 PERRY AVE SE	CITY-ST-ZIP FORT WALTON BEACH, FL 32548		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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: <i>Laura B Wright</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					