

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005222

FILED  
Mar 27, 2009  
Secretary of State

**Entity Name:** PERDIDO HOUSING CORPORATION

**Current Principal Place of Business:**

110 PERRY AVE SE  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

205 BROOKS ST STE 201  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3411287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENT, MICHAEL G  
205 BROOKS ST. STE 201  
FT. WALTON BEACH, FL 32548 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: D ( ) Delete  
Name: COLE, ROBERT  
Address: 200 WILLING ST  
City-St-Zip: MILTON, FL 32570

Title: DP ( ) Delete  
Name: PEARCE, BENJAMIN N  
Address: 551 MOONEY RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DS ( ) Delete  
Name: WRIGHT, LAURA B  
Address: 110 PERRY AVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: DV ( ) Delete  
Name: WILCOX, CYNTHIA  
Address: 110 PERRY AVE SE  
City-St-Zip: FORT WALTON BEACH, FL 32548

**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:

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:** LAURA B WRIGHT

DS

03/27/2009

Electronic Signature of Signing Officer or Director

Date