

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005843

FILED
Jan 17, 2009
Secretary of State

Entity Name: GRAND CARIBBEAN AT PERDIDO KEY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13500 SANDY KEY DR
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

13500 SANDY KEY DR
PENSACOLA, FL 32507 US

New Mailing Address:

14758 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

FEI Number: 59-3418826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLETON, SUSAN
14758 PERDIDOKEY DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

CARLETON, SUSAN
14758 PERDIDO KEY DR
PENSACOLA, FL 32507 US

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:

01/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALDEN, TIM
Address: 4008 FARICHASE LANE
City-St-Zip: BIRMINGHAM, AL 35244

Title: VD () Delete
Name: BROWN, KENNETH
Address: 5127 CHANDELLE DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: BISHOP, LARRY
Address: 115 SHENANDOAH ESTATES CIRCLE
City-St-Zip: BRANDON, MS 39407

Title: STD () Delete
Name: WILSON, KEN
Address: 15 MONTE BELLO LANE
City-St-Zip: MONTEVALLO, AL 35115

Title: D () Delete
Name: HATFIELD, MARTIN
Address: 169 WOODSIDE DR
City-St-Zip: LOUISVILLE, KY 40242

Title: D () Delete
Name: WESTON, STUART
Address: 8415 MILLSTREAM DR
City-St-Zip: PENSACOLA, FL 32514

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
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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: TIM WALDEN

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date