


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90457 033 ****61.25

DOCUMENT # N99000004193 1. Entity Name PURPLE PARROT VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13555 PERDIDO KEY DR PENSACOLA, FL 32507			Mailing Address PO BOX 34312 PENSACOLA, FL 32507		
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 59-3636152	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ETHERIDGE, KEVIN R 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P ALLSOPP, RALPH 4535 DEERFIELD DRIVE PENSACOLA, FL 32528	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Dentremont 13555 Perdido Key Dr. #A9U Pensacola, FL 32507
VP MUNSON, TRACY 1232 APPLEWOOD DR BATON ROUGE, LA 70808		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
S MARROW, RUTHALEEN 3555 PERDIDO KEY DRIVE #C15 PENSACOLA, FL 32507		<input type="checkbox"/> Delete		D Ruthaleen Marrow 13555 Perdido Key Dr. # C15 Pensacola, FL 32507	
D SEIBELS, CYNTHIA 3532 THOMAS AVE MONTGOMERY, AL 36111		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D LAWRENCE, RICHARD 1700 SCENIC HWY, #503 PENSACOLA, FL 32503		<input type="checkbox"/> Delete		SD Richard Lawrence 1700 Scenic Highway, # 503 Pensacola, FL 32503	
D MCMILLAN, ROY 4 MEETING ST PLACE ORANGE BEACH, AL 36561		<input type="checkbox"/> Delete		TD Roy McMillan 4 Meeting St. Place Orange Beach, AL 36561	
<input type="checkbox"/> Change		<input type="checkbox"/> Addition		<input checked="" 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: _____ 4/28/05 850-434-3585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					