

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90112 042 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3636152

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ETHERIDGE, KEVIN R
3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503**

Name

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

908 Gardengate Circle

City

Pensacola

FL

Zip Code

32504

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State.**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ALLSOPP, RALPH | |
| STREET ADDRESS | 4535 DEERFIELD DRIVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32526 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ROGERS, NANCY | |
| STREET ADDRESS | P.O. BOX 842 | |
| CITY-ST-ZIP | OXFORD, MS 38655 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRITTEN-HARR, TODD | |
| STREET ADDRESS | 505 LOST KEY DRIVE | |
| CITY-ST-ZIP | PENSACOLA, FL 32507 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | DANNERTH, RICHARD | |
| STREET ADDRESS | 1305 HALEY GREEN DRIVE | |
| CITY-ST-ZIP | PFLUGERVILLE, TX 78660 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LAWRENCE, RICHARD | |
| STREET ADDRESS | 1700 SCENIC HWY, #503 | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MCMILLAN, ROY | |
| STREET ADDRESS | 4 MEETING ST PLACE | |
| CITY-ST-ZIP | ORANGE BEACH, AL 36561 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | Treasurer / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Deht | |
| STREET ADDRESS | 5141 Gruman Ave | |
| CITY-ST-ZIP | Pensacola FL 32507 | |
| TITLE | Secretary / Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John Fueson | |
| STREET ADDRESS | 2401 Bayou Bend Rd. | |
| CITY-ST-ZIP | New Iberia, LA 70563 | |
| TITLE | Vice President D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Ray L McMillan

4/10/08 (850) 484-2611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #