

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004193

FILED
Apr 22, 2009
Secretary of State

Entity Name: PURPLE PARROT VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13555 PERDIDO KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 34312
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3636152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHERIDGE, KEVIN R
908 GARDENGATE CIR
PENSACOLA, FL 32504 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: TD () Delete
Name: PETIT, JOHN
Address: 5141 GRUMAN AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: ROGERS, NANCY
Address: P.O. BOX 842
City-St-Zip: OXFORD, MS 38655

Title: D () Delete
Name: BRITTEN-HARR, TODD
Address: 505 LOST KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: VPD () Delete
Name: DANNERTH, RICHARD
Address: 1305 HALEY GREEN DRIVE
City-St-Zip: PFLUGERVILLE, TX 78660

Title: SD () Delete
Name: CUSEN, JOHN
Address: 2401 BAYOU BEND RD
City-St-Zip: NEW IBERIA, LA 70563

Title: PD (X) Delete
Name: MCMILLAN, ROY
Address: 4 MEETING ST PLACE
City-St-Zip: ORANGE BEACH, AL 36561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DANNERTH, RICHARD
Address: 4614 BIONA DR.
City-St-Zip: SAN DIEGO, CA 92116

Title: VPD (X) Change () Addition
Name: QUILL, MARY
Address: 276 DOGWOOD DR.
City-St-Zip: MOBILE, AL 36608

Title: SD (X) Change () Addition
Name: CASON, JOHN
Address: 2401 BAYOU BEND RD.
City-St-Zip: NEW IBERIA, LA 70563

Title: TD (X) Change () Addition
Name: PETIT, JOHN
Address: 5141 GRUMAN AVE.
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: ROGERS, NANCY
Address: P.O. BOX 842
City-St-Zip: OXFORD, MS 38655

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: KEVIN R. ETHERIDGE

RA

04/22/2009

Electronic Signature of Signing Officer or Director

Date