

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90025 016 \*\*\*\*61.25

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DOCUMENT # N99000004294

1. Entity Name

PERDIDO MANOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1051 PARADISE LANE  
PENSACOLA FL 32506

P.O. BOX 3181  
PENSACOLA FL 32506

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

59-3603004

Applied For

Not Applicable

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

HARTIGAN, CRAIG  
1041 PERDIDO MANOR DRIVE  
PENSACOLA FL 32506

Name: MICHAEL J. DONOVAN

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

1051 PARADISE LANE

City PENSACOLA

FL

Zip Code 32506

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.

SIGNATURE

*M. J. Donovan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, MICHAEL J LOST PARADISE LANE PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HARTIGAN, CRAIG 1041 PERDIDO MANOR DR PENSACOLA FL 32506	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYD, LINDA 1091 PERDIDO MANOR LANE PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLCOMB, BENJEMIN 1061 PERDIDO MANOR DR PENSACOLA FL 32508	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, VICKI 13440 SERENITY CIRLCE PENSACOLA FL 32506	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HMEIDI, NABIL 1090 PERDIDO MANOR DR PENSACOLA FL 32506	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T    	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JIM SCHIMMACHER 1137 PERDIDO MANOR DR, PENSACOLA, FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GARY McANDREWS 1161 PERDIDO MANOR DR, PENSACOLA, FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	<input 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: *M. J. Donovan* MICHAEL J. DONOVAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/02 850-453-2696

Date

Daytime Phone #

CR2E037 (9/01)