

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004294

1. Entity Name
PERDIDO MANOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1051 PARADISE LANE
PENSACOLA, FL 32506**

Mailing Address
**P.O. BOX 3181
PENSACOLA, FL 32506**

DO NOT WRITE IN THIS SPACE



08162004 No Chg-NP CR2E037 (10/03)

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

**DONOVAN, MICHAEL J
1051 PARADISE LANE
PENSACOLA, FL 32506**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DONOVAN, MICHAEL J 1051 PARADISE LN PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SCHUMACHER, JIM 1137 PERDIDO MANOR DR PENSACOLA, FL 32508
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOYD, LINDA 1091 PERDIDO MANOR LANE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCANDREWS, GARY 1161 PERDIDO MANOR DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAGAN, VICKI 13440 SERENITY CIRLCE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITEHURST, MARSHALL 1031 PARADISE LN PENSACOLA, FL 32506

U00000170438
08/19/04-80004-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Michael J. Donovan **MICHAEL J. DONOVAN**

8/17/04

850-453-2696

SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #