


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 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
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3603004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 reappointing) DATE

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
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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 32506
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

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U00000304424
04/14/05-80042-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **M. J. DONOVAN** 4/14/05 850-453-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #