


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90170 026 ****61.25

DOCUMENT # N99000004294 1. Entity Name PERDIDO MANOR PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1051 PARADISE LANE PENSACOLA, FL 32506	Mailing Address P.O. BOX 3181 PENSACOLA, FL 32506
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04292008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3603004	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
DONOVAN, MICHAEL J 1051 PARADISE LANE PENSACOLA, FL 32506

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	DONOVAN, MICHAEL J
STREET ADDRESS	1051 PARADISE LN
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	<input type="checkbox"/> Delete
NAME	SCHUMACHER, JIM
STREET ADDRESS	1137 PERDIDO MANOR DR
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	<input checked="" type="checkbox"/> Delete
NAME	BOYD, LINDA
STREET ADDRESS	1091 PERDIDO MANOR LANE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	<input checked="" type="checkbox"/> Delete
NAME	MCANDREWS, GARY
STREET ADDRESS	1161 PERDIDO MANOR DR
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, VICKI
STREET ADDRESS	13440 SERENNITY CIRLCE
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	<input type="checkbox"/> Delete
NAME	WHITEHURST, MARSHALL
STREET ADDRESS	1031 PARADISE LN
CITY-ST-ZIP	PENSACOLA, FL 32506

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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: M. J. Donovan **4/29/08** **850-453-2696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #