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FILED

Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722631 (9)

1. Corporation Name

THE PERDIDO BAY VILLAS HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

4748 HURON DRIVE
PENSACOLA FL 32507-87374748 HURON DRIVE
PENSACOLA FL 32507-87343. Date Incorporated or Qualified
02/09/19723a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1509869

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, JAMES
4714 HURON DR
PENSACOLA FL 32507

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME JOHNSON, WHITNEY H.
STREET ADDRESS 4718 HURON DRIVE
CITY-ST-ZIP PENSACOLA FL1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME Margaret Kincaid
1.3 STREET ADDRESS 4734 Huron Drive
1.4 CITY-ST-ZIP Pensacola, FL 32507TITLE TD ☒ DELETE
NAME ANDERSON, GEORGE
STREET ADDRESS 4825 HURON DRIVE
CITY-ST-ZIP PENSACOLA FL2.1 TITLE ~~VD~~ ☒ Change ☒ Addition
2.2 NAME ~~Richard Hirsch~~
2.3 STREET ADDRESS ~~4837 Huron Drive~~
2.4 CITY-ST-ZIP ~~Pensacola, FL 32507~~TITLE VD ☒ DELETE
NAME KENNEY, BENNIE
STREET ADDRESS 4821 HURON DR
CITY-ST-ZIP PENSACOLA FL3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Nell Price
3.3 STREET ADDRESS 4723 Huron Drive
3.4 CITY-ST-ZIP Pensacola, FL 32507TITLE SD ☒ DELETE
NAME EGBERT, DOTTIE
STREET ADDRESS 4735 HURON DR
CITY-ST-ZIP PENSACOLA FL4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Patricia Bickelhaupt
4.3 STREET ADDRESS 4745 Huron Drive
4.4 CITY-ST-ZIP Pensacola, FL 32507TITLE VD ☒ DELETE
NAME TURNER, HARRIET
STREET ADDRESS 4722 HURON DRIVE
CITY-ST-ZIP PENSACOLA FL5.1 TITLE VD ☐ Change ☒ Addition
5.2 NAME JEAN A. MITCHAM
5.3 STREET ADDRESS 4719 HURON DR.
5.4 CITY-ST-ZIP PENSACOLA, FL 32507TITLE PD ☐ DELETE
NAME KING, JAMES
STREET ADDRESS 4714 HURON DR
CITY-ST-ZIP PENSACOLA FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

Date

Daytime Phone # 0073020

CR2E037 (9/96)