


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90049 026 \*\*\*\*61.25

<b>DOCUMENT # 722631</b> 1. Entity Name <b>THE PERDIDO BAY VILLAS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4748 HURON DRIVE PENSACOLA, FL 32507-8737</b>			Mailing Address <b>4748 HURON DRIVE PENSACOLA, FL 32507-8737</b>		
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 <b>59-1509869</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHOUSE, MELANIE 4850 HURON DR. PENSACOLA, FL 32507</b>			Name <b>CHERYL AMYX</b> Street Address (P.O. Box Number is Not Acceptable) <b>5218 PALE MOON DR.</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32507</b>		
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 <b>CHERYL AMYX, TREASURER</b> <i>Cheryl Amyx</i> <b>8/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOUSE, MELANIE		NAME	ROWE, LORRAINE	
STREET ADDRESS	4850 HURON DR.		STREET ADDRESS	7823 BAY MEADOWS DR	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGGONER, RON		NAME	CHERYL AMYX	
STREET ADDRESS	13408 GONGORA DRIVE		STREET ADDRESS	5218 PALE MOON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLASKIE, JACK		NAME	BARBARA ERBACH	
STREET ADDRESS	P.O. BOX 34463		STREET ADDRESS	4818 HURON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNIPSEED, MARILYN		NAME	DOUG COLEMAN	
STREET ADDRESS	4822 HURON DR.		STREET ADDRESS	4740 HURON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, STEWART		NAME	BARBARA OBLIEN	
STREET ADDRESS	4826 HURON DR.		STREET ADDRESS	17135 PERDIDO KEY DR	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <b>CHERYL AMYX</b> <i>Cheryl Amyx</i> <b>8/4/05</b> <b>850-492-1223</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

30060543



07062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1509869**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHOUSE, MELANIE  
4850 HURON DR.  
PENSACOLA, FL 32507**

7. Name and Address of New Registered Agent

Name **CHERYL AMYX**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5218 PALE MOON DR.**  
 City **PENSACOLA** **FL** Zip Code **32507**

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 **CHERYL AMYX, TREASURER** *Cheryl Amyx* **8/4/05**  
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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
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TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TURNIPSEED, MARILYN	
STREET ADDRESS	4822 HURON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, STEWART	
STREET ADDRESS	4826 HURON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, LORRAINE	
STREET ADDRESS	7823 BAY MEADOWS DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERYL AMYX	
STREET ADDRESS	5218 PALE MOON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA ERBACH	
STREET ADDRESS	4818 HURON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG COLEMAN	
STREET ADDRESS	4740 HURON DR.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA OBLIEN	
STREET ADDRESS	17135 PERDIDO KEY DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: **CHERYL AMYX** *Cheryl Amyx* **8/4/05** **850-492-1223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #