FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:30

DOCUMENT # 771066 (8)

1. Corporation Name

PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
1-C COTTAGE CIRCLE PENSACOLA FL 32507-8743 US	1-6C COTTAGE CIR. PENSACOLA FL 32507-8743 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1983
3a. Date of Last Report: 04/22/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WORKMAN, JAMES HENRY J
4 MAYA CT
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name: Erwin D. Bager
82 Street Address (P.O. Box Number is Not Acceptable): 10 Doug Ford Drive
83
84 City: Pensacola, 85 FL Zip Code: 32507

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Erwin D. Barger D.T. 3-13-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where filing is required.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	WORKMAN, JAMES HENRY J	1.2 NAME	Jimmy L Couger	
STREET ADDRESS	4 MAYA CT	1.3 STREET ADDRESS	35126 Boykin Blvd	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Lillian AL 36549	
TITLE	DVP	2.1 TITLE		☐ Change ☐ Addition
NAME	DASHER, CHESTER	2.2 NAME		
STREET ADDRESS	5512 NAVAHO DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	BARGER, ERWIN D.	3.2 NAME	Erwin D. Barger	
STREET ADDRESS	11274 SEAGLADE DR.	3.3 STREET ADDRESS	10 Doug Ford Drive	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, Fl 32507	
TITLE	DS	4.1 TITLE		☐ Change ☐ Addition
NAME	WORKMAN, KATHRYN	4.2 NAME		
STREET ADDRESS	4 MAYA CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Erwin D. Barger 3/13/95 (904) 492-2601
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0071282