FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 11/02/1983
3a. Date of Last Report: 03/22/1995

	2. Principal Place of Business	2a. Mailing Address
21/26	1-C Cottage Circle	1-C Cottage Circle
22/27	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23/28	City & State: Pensacola, FL	City & State: Pensacola, FL
24/29	Zip: 32507-8743	Zip: 32507-8743
25/30	Country: Escambia	Country: Escambia

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAGER, ERWIN D
10 DOUG FORD DRIVE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name: Burma McLeod
82 Street Address (P.O. Box Number is Not Acceptable): 1-C Cottage Circle
83
84 City: Pensacola **FL** 85 Zip Code: 32507

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: Burma McLeod 3/26/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP COUGER, JIMMY L 35126 BOYKIN BLVD LILLIAN AL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D President Burma McLeod 12 Cottage Circle Pensacola, FL 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DASHER, CHESTER 5512 NAVAHO DR PENSACOLA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Vice-President Ken Cooperman 15 Cottage Circle Pensacola, FL 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BARGER, ERWIN D. 10 DOUG FORD DRIVE PENSACOLA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Treasurer Kathryn Workman #4 Maya Ct Pensacola, FL 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WORKMAN, KATHRYN 4 MAYA CT PENSACOLA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Kathryn Workman 3/20/96 904-492-7925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #