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Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32507-8775 US

3. Date Incorporated or Qualified: 11/02/1983
3a. Date of Last Report: 03/29/1996

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

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

MCLEOD, BURMA
1-C COTTAGE CIRCLE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, BURMA		1.2 NAME		
STREET ADDRESS	12 COTTAGE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE	D-V	☐ Change ☒ Addition
NAME	COOPERMAN, KEN		2.2 NAME	JOHN CRAIGIE	
STREET ADDRESS	15 COTTAGE CIRCLE		2.3 STREET ADDRESS	5474 GRAND LAGOON CT	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA, FL 32507-9013	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WORKMAN, KATHRYN		3.2 NAME		
STREET ADDRESS	#4 MAYA COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [illegible] KATHRYN T. WORKMAN 3/11/97 904/492-2825