

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771066

1. Entity Name

PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

1-C COTTAGE CIRCLE
PENSACOLA FL 32507-8743
US

Mailing Address

1-6C COTTAGE CIR.
PENSACOLA FL 32507-8743
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, BURMA
1-C COTTAGE CIRCLE
PENSACOLA FL 32507

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCLEOD, BURMA
12 COTTAGE CIRCLE
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CRAIGIE, JOHN
5128 CHOCTAW
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTDS
WORKMAN, KATHRYN
11422 SEAGLADE
PENSACOLA FL 32507 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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☐ Change ☐ Addition

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. KATHRYN J. WORKMAN, DTDS

SIGNATURE:

KATHRYN J. WORKMAN

4/12/01

850-492-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0017591

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90033 021 *****61.25



DO NOT WRITE IN THIS SPACE