2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State
05-18-2007 90025 019 ****61.25

DOCUMENT # 771066

1. Entity Name

PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPEAKMAN, BRIAN
4936 VIZCAYA DR
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name: John Tester
Street Address (P.O. Box Number is Not Acceptable): 1068 Oak View Drive
City: Pensacola, Fl **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPEAKMAN, BRIAN 4936 VIZCAYA DR PENSACOLA FL 32507	☑ Delete	Pres./ Dir. John Tester 1068 Oak View Drive Pensacola, Fl 32507	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRAIGIE, JOHN 5128 CHOCTAW AVE PENSACOLA FL 32507	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAIGIE, FAYE 5128 CHOCTAW AVE PENSACOLA FL 32507	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCLEOD, BURMA 12 COTTAGE CIRCLE PENSACOLA FL 32507	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEOD, JAMES 12 COTTAGE CIRCLE PENSACOLA FL 32507	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Burma McLeod, Treas./Dir. 4/28/07 850-492-2248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #