2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# 771066

Entity Name: PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1-C COTTAGE CIRCLE
PENSACOLA, FL 325078743 US

New Principal Place of Business:

Current Mailing Address:

1-C COTTAGE CIR.
PENSACOLA, FL 325078743 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLAVIN, PAUL
2509 TARKLIN OAK DRIVE
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SLAVIN, PAUL	
Address:	2509 TARKLIN OAK DRIVE	
City-St-Zip:	PENSACOLA, FL 32506	
Title:	VD	( ) Delete
Name:	CRAIGIE, JOHN	
Address:	5128 CHOCTAW AVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	SD	( ) Delete
Name:	CRAIGIE, FAYE	
Address:	5128 CHOCTAW AVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	TD	( ) Delete
Name:	MCLEOD, BURMA	
Address:	12 COTTAGE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	MCLEOD, JAMES	
Address:	12 COTTAGE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	GARDNER, VALERIE	
Address:	12323 AILANTHUS DRIVE	
City-St-Zip:	PENSACOLA, FL 32506	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURMA MCLEOD TD 04/10/2009

Electronic Signature of Signing Officer or Director — Date