2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2010
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
Name: SLAVIN, PAUL
Address: 2509 TARKLIN OAK DRIVE
City-St-Zip: PENSACOLA, FL 32506 US

Title: VD
Name: CRAIGIE, JOHN
Address: 5128 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507 US

Title: SD
Name: GARDNER, VALERIE
Address: 12323 AILANTHUS DR
City-St-Zip: PENSACOLA, FL 32506 US

Title: TD
Name: MCLEOD, BURMA
Address: 12 COTTAGE CIRCLE
City-St-Zip: PENSACOLA, FL 32507 US

Title: D
Name: MCLEOD, JAMES
Address: 12 COTTAGE CIRCLE
City-St-Zip: PENSACOLA, FL 32507 US

Title: D
Name: FORKOIS, CALENE
Address: 2337 BELLE FLOWER RD
City-St-Zip: PENSACOLA, FL 32526 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL SLAVIN PD 02/19/2010
Electronic Signature of Signing Officer or Director Date