


FILE NOW: FILING FEE IS \$61.25

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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90028 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005605

1. Corporation Name
PERDIDO BAY COUNTRY CLUB ESTATES, UNIT #3, HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 960 SHADOW RIDGE DRIVE PENSACOLA FL 32514	Mailing Address 960 SHADOW RIDGE DRIVE PENSACOLA FL 32514
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2. Principal Place of Business 21. 3039 Concho Dr. Suite, Apt. #, etc. 22. Pensacola, FL City & State 23. 32507 Zip 24. Country USA	2a. Mailing Address 26. 3039 Concho Dr. Suite, Apt. #, etc. 27. Pensacola, FL City & State 28. 32507 Zip 29. Country USA	3. Date Incorporated or Qualified 10/30/1996 4. FEI Number 59-3446853 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

LEGAULT, ALFRED B
960 SHADOW RIDGE DRIVE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81. Name **Herbert Berger**
 82. Street Address (P.O. Box Number is Not Acceptable)
3031 Concho Dr.
 83.
 84. City **Pensacola** **FL** 85. Zip Code **32507**

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: *Herbert Berger* DATE: **3-25-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LEGAULT, ALFRED B	
STREET ADDRESS	960 SHADOW RIDGE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	LEGAULT, MARTHA W	
STREET ADDRESS	960 SHADOW RIDGE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	ACKERMAN, JOHN	
STREET ADDRESS	3026 CONCHO DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chris Walker	
1.3 STREET ADDRESS	3005 Concho Dr.	
1.4 CITY-ST-ZIP	Pensacola, FL 32507	
2.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Martz	
2.3 STREET ADDRESS	3043 Concho Dr.	
2.4 CITY-ST-ZIP	Pensacola, FL 32507	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anne Long	
3.3 STREET ADDRESS	3039 Concho Dr.	
3.4 CITY-ST-ZIP	Pensacola, FL 32507	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brooke Berger	
4.3 STREET ADDRESS	3031 Concho Dr.	
4.4 CITY-ST-ZIP	Pensacola, FL 32507	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: *Anne Long* DATE: **3-25-99** DAYTIME PHONE #: **(850) 492-0283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0078999

CR2F037 (4/1/99)