

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90192 007 \*\*\*\*61.25

**DOCUMENT # N96000005605**

1. Entity Name

**PERDIDO BAY COUNTRY CLUB ESTATES, UNIT #3, HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3039 CONCHO DR  
 PENSACOLA FL 32507

3039 CONCHO DR  
 PENSACOLA FL 32507

80128244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3446853**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BERGER, HERBERT**  
**3031 CONCHO DR**  
**PENSACOLA FL 32507**

Name **BOYD, ALISTER**

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

**3027 CONCHO DR**

City

**PENSACOLA,**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Alister Boyd* **Alister Boyd** **04 July 2002**

**After September 13, 2002, min. will be \$236.25.**

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          | DP                 | <input checked="" type="checkbox"/> Delete |
| NAME           | WALKER, CHRIS      |  |
| STREET ADDRESS | 3005 CONCHO DR     |  |
| CITY-ST-ZIP    | PENSACOLA FL 32507 |  |
| TITLE          | DT                 | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTZ, ROBERT      |  |
| STREET ADDRESS | 3043 CONCHO DR     |  |
| CITY-ST-ZIP    | PENSACOLA FL 32507 |  |
| TITLE          | DS                 | <input type="checkbox"/> Delete            |
| NAME           | LONG, ANNE         |  |
| STREET ADDRESS | 3039 CONCHO DR     |  |
| CITY-ST-ZIP    | PENSACOLA FL 32507 |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> Delete |
| NAME           | BERGER, BROOKE     |  |
| STREET ADDRESS | 3031 CONCHO DR.    |  |
| CITY-ST-ZIP    | PENSACOLA FL 32507 |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Delete            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | DP                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Martin, Jeff        |  |
| STREET ADDRESS | 3009 Concho Dr.     |  |
| CITY-ST-ZIP    | Pensacola, FL 32507 |  |
| TITLE          | DT                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Boyd, Hanna         |  |
| STREET ADDRESS | 3027 Concho Dr.     |  |
| CITY-ST-ZIP    | Pensacola, FL 32507 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Long, William       |  |
| STREET ADDRESS | 3039 Concho Dr.     |  |
| CITY-ST-ZIP    | Pensacola, FL 32507 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

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.

SIGNATURE: *Anne Long* **ANNE LONG REQUIRED G. Long 7/03/02 850-492-0283**

CR2E037 (4/02)