

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 10, 2005
Secretary of State**

DOCUMENT# N96000005605

Entity Name: PERDIDO BAY COUNTRY CLUB ESTATES, UNIT #3, HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3050 CONCHO DR.
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

3050 CONCHO DR.
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3446853 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KETTLES, DAVID
3051 CONCHO DR.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

SOBERMAN, MILES
5121 CHINOOK AVENUE
PENSACOLA, FL 32507 US

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: MILES SOBERMAN

10/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOYD, AL
Address: 3027 CONCHO DR.
City-St-Zip: PENSACOLA, FL 32507

Title: V () Delete
Name: BEEBE, SEAN
Address: 5117 CHINOOK AVE.
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: JONES, ASHLEIGH S
Address: 3050 CONCHO DR.
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: AMES, RICHARD
Address: 5114 CHINOOK AVE.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BEEBE, SEAN
Address: 5117 CHINOOK AVENUE
City-St-Zip: PENSACOLA, FL 32507

Title: V (X) Change () Addition
Name: SCHROEDER, JEFFRY
Address: 5015 CHOCTAW AVENUE
City-St-Zip: PENSACOLA, FL 32507

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 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 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: ASHLEIGH S. JONES

S

10/10/2005

Electronic Signature of Signing Officer or Director

Date