

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005605

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5111 CHINOOK AVENUE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 34424  
PENSACOLA, FL 32507

**New Mailing Address:**

**FEI Number:** 59-3446853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIPMAN, KIMBERLY  
5111 CHINOOK AVENUE  
PENSACOLA, FL 32507 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: P  
Name: RICHARD, AMES  
Address: 5114 CHINOOK AVENUE  
City-St-Zip: PENSACOLA, FL 32507

Title: VP  
Name: SHARON, MARTIN  
Address: 3009 CONCHO DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: S  
Name: SHIPMAN, KIMBERLY  
Address: 5111 CHINOOK AVENUE  
City-St-Zip: PENSACOLA, FL 32507

Title: T  
Name: SHIPMAN, KIMBERLY  
Address: 5111 CHINOOK AVENUE  
City-St-Zip: PENSACOLA, FL 32507

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: KIMBERLY A SHIPMAN

T

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date