


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90035 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000004770</b>		
1. Corporation Name <b>PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII, INC.</b>		
Principal Place of Business P.O. BOX 34274 PENSACOLA FL 32507		Mailing Address P.O. BOX 34274 PENSACOLA FL 32507



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>SAME AS ABOVE</b>		08/17/1998	
22 Suite, Apt. #, etc. <b>P.O. Box 34274</b>		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State <b>PENSACOLA FL</b>		28 City & State		59-3533048 - <del>180503</del>	
24 Zip <b>32507</b>		29 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/>	
		30		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, SCOTT 12701 PRIMERO COURT PENSACOLA FL 32807				81 Name <b>WILLIAM SCHAEFFER</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>12691 BAHIA CT. P.O. Box 34274</b>			
				83 <b>PENSACOLA, FL 32507</b>			
				84 City <b>FL</b> 85 Zip Code <b>32507</b>			

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 WILLIAM M. SCHAEFFER W.M. Schaeffer DATE 21 MAY 99

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVA BACENET</b>		1.2 NAME	<b>WILLIAM SCHAEFFER</b>	
STREET ADDRESS	<b>12661 MOHAWK DR</b>		1.3 STREET ADDRESS	<b>12691 BAHIA CT</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>		1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT SMITH</b>		2.2 NAME	<b>RUSSELL HOGAN</b>	
STREET ADDRESS	<b>12701 PRIMERO CT</b>		2.3 STREET ADDRESS	<b>12701 BAHIA CT</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>		2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRIE PETRACCA</b>		3.2 NAME	<b>SUE BAKER</b>	
STREET ADDRESS	<b>4706 CONDADO CIR.</b>		3.3 STREET ADDRESS	<b>12700 PRIMERO CT</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>		3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	<b>VIRGINIA AGBAGANA</b>	
STREET ADDRESS			4.3 STREET ADDRESS	<b>12700 BAHIA CT</b>	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ W.M. Schaeffer 850 452-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)