

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000004770

1. Entity Name
PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII, INC.



FILED
05 OCT -6 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

09202005 REIN-NP CR2E099 (6/04)

City & State

4. FEI Number
59-3533048

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

BOHANNON, STEPHEN T
4716 CONDADO
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent

Name **VIGER, COLEEN**
Street Address (P.O. Box Number is Not Acceptable)
4703 Condado Circle
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]* **2005 Sep 28**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME BOHANNON, STEPHEN T
STREET ADDRESS 4716 CONDADO
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE PD Change Addition
NAME VIGER, COLEEN (GIDGET)
STREET ADDRESS 4703 Condado Circle
CITY-ST-ZIP Pensacola, FL 32507

TITLE VPD Delete
NAME RITTELMAYER, GLENN
STREET ADDRESS 12665 MOLALE DR
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE **100060311** Change Addition
STREET ADDRESS 10/06/05--01068--001 **\$61.25
CITY-ST-ZIP

TITLE SD Delete
NAME BAKER, SUE H
STREET ADDRESS 12700 PRIMERO CT.
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE SD Change Addition
NAME HAWKINS, CAROLYN
STREET ADDRESS 12681 PRIMERO COURT
CITY-ST-ZIP Pensacola, FL 32507

TITLE BK Delete
NAME AGBAGALA, VIRGINIA
STREET ADDRESS 12700 BAHIA CT
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE **REINSTATEMENT** Change Addition

TITLE D Delete
NAME ARLENE, CARR
STREET ADDRESS 4625 CHOCTAW
CITY-ST-ZIP PENSACOLA, FL 32507

TITLE D Change Addition
NAME Carstens, Mike
STREET ADDRESS 12690 Bahia Ct.
CITY-ST-ZIP Pensacola, FL 32507

TITLE D Delete
NAME BAKER, JOHNNY G
STREET ADDRESS 12700 PRIMERO CT.
CITY-ST-ZIP PENSACOLA, FL 32507

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: *[Signature]* **Carolyn S. Hawkins, Secretary** **28 Sept 2005** **(850) 492-6191**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #