


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90007 002 ****61.25

DOCUMENT # N98000004770

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



Principal Place of Business Mailing Address
P.O. BOX 34274 PENSACOLA FL 32507 **P.O. BOX 34274 PENSACOLA FL 32507**



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number **59-3533048** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BAKER, JOHNNY
 12700 PRIMERO CT
 PENSACOLA FL 32507**

7. Name and Address of New Registered Agent
 Name **SANDY DASHER**
 Street Address (P.O. Box Number is Not Acceptable) **12680 Molale 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 *Sandy Dasher* DATE 5/6/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, JOHNNY 12700 PRIMERO CT PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOHANNON, STEVE 4716 CONDADO CIRCLE PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETERSON, RICK 12461 RED CLOUD ROAD PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK AGBAGALA, VIRGINIA 12700 BAHIA CT PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSTENS, MIKE 12690 BAHIA COURT PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, NICK 4601 CHOWTAW AVE PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDY DASHER 12680 MOLALE DR PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICK ROSARIO 4601 CHOCTAW AVE PENSACOLA FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLEEN CARR 4625 CHOCTAW AVE PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRON CRANFORD 12667 MOLALE DR PENSACOLA FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Sandy Dasher* DATE: 5/6/08 TELEPHONE: 850-492-0845