

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90151 040 \*\*\*\*61.25

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**DOCUMENT # 763205**

1. Entity Name

**BAYOU BREEZE CONDOMINIUM, PENSACOLA EXECUTIVE HO  
USE CONDOMINIUM, INC.**



Principal Place of Business

**300 BAYOU BLVD.  
PENSACOLA FL 32503-6303**

Mailing Address

**300 BAYOU BLVD.  
PENSACOLA FL 32503-6303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2251621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PETKOVIC, KATHIE  
114 WISH LN  
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	<b>CROSS, CHARLES D</b>	
STREET ADDRESS	<b>441 WOODBINE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MORTON, LINDA</b>	
STREET ADDRESS	<b>PO BOX 5277</b>	
CITY-ST-ZIP	<b>DESTIN FL 32540</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>ROBIN CRABTREE</b>	
STREET ADDRESS	<b>P.O. BOX 1113 N/A</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32402</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>PETKOVIC, KATHIE</b>	
STREET ADDRESS	<b>114 WISH LANE</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Glenn Hadder</b>	
STREET ADDRESS	<b>1282 mahogany Hill Rd</b>	
CITY-ST-ZIP	<b>Pensacola, FL 32507</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)