2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771066

1. Entity Name

PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, INC.

B0136304

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1-C COTTAGE CIRCLE PENSACOLA FL 32507-8743 US	1-6C COTTAGE CIR. PENSACOLA FL 32507-8743 US

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 **NOT APPLICABLE** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLEOD, BURMA 1-C COTTAGE CIRCLE PENSACOLA FL 32507	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

After September 13, 2002, min. will be $236.25.

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE **DV** NAME **MCLEOD, BURMA** STREET ADDRESS **12 COTTAGE CIRCLE** CITY-ST-ZIP **PENSACOLA FL 32507**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DP** NAME **CRAIGIE, JOHN** STREET ADDRESS **5128 CHOCTAW** CITY-ST-ZIP **PENSACOLA FL 32507**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DTDS** NAME **WORKMAN, KATHRYN** STREET ADDRESS **11422 SEAGLADE** CITY-ST-ZIP **PENSACOLA FL 32507**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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.

KATHRYN J. WORKMAN DTDS

SIGNATURE: _Kathryn J. Workman_   9|3|02   850-492-2214