

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90442 044 \*\*\*\*61.25

**DOCUMENT # 771066**

1. Entity Name

PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

1-C COTTAGE CIRCLE  
PENSACOLA FL 32507-8743  
US

Mailing Address

1-C COTTAGE CIRCLE  
1-C 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

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, BURMA  
1-C COTTAGE CIRCLE  
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name **BRIAN SPEAKMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1626 BEACHSIDE DRIVE**  
**PENSACOLA**  
City **FL** Zip Code **32506**

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

*Brian Speakman*

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

(NOTE: Registered Agent signature required when reinstating)

*4/26/05*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	SPEAKMAN, BRIAN	
STREET ADDRESS	12 COTTAGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CRAIGIE, JOHN	
STREET ADDRESS	5128 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRAIGIE, FAYE	
STREET ADDRESS	5128 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLEOD, BURMA	
STREET ADDRESS	12 COTTAGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEOD, JAMES	
STREET ADDRESS	12 COTTAGE CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1626 BEACHSIDE DR.
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	
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:

*Brian Speakman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/05*

DATE

*850-492-1223*

DAYTIME PHONE #