

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90313 010 ****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 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

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

7. Name and Address of New Registered Agent

SPEAKMAN, BRIAN
1626 BEACHSIDE DRIVE
PENSACOLA FL 32507

4936 Vircaya Dr.

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 reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SPEAKMAN, BRIAN
STREET ADDRESS 1626 BEACHSIDE DRIVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☒ Change ☐ Addition
NAME *4936 Vircaya Dr.*
STREET ADDRESS *Pensacola, FL 32507*
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CRAIGIE, JOHN
STREET ADDRESS 5128 CHOCTAW AVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CRAIGIE, FAYE
STREET ADDRESS 5128 CHOCTAW AVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MCLEOD, BURMA
STREET ADDRESS 12 COTTAGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCLEOD, JAMES
STREET ADDRESS 12 COTTAGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Brian Speakman* *Brian Speakman*

4/26/06