


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

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90037 033 ****61.25

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| DOCUMENT # 771066 1. Entity Name PERDIDO BAY COTTAGES HOMEOWNERS' ASSOCIATION, INC. |  |
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| Principal Place of Business 1-C COTTAGE CIRCLE PENSACOLA FL 32507-8743 US | Mailing Address 1-C COTTAGE CIR. PENSACOLA FL 32507-8743 US |
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|--------------|--------------|
| City & State | City & State |
| Zip | Country |

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| 4. FEI Number NO-T APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent TESTER, JOHN 1068 OAK VIEW DR. PENSACOLA FL 32507 | |
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| 7. Name and Address of New Registered Agent Name Paul Slavin Street Address (P.O. Box Number is Not Acceptable) 2509 Tarklin Oak Dr. Pensacola City FL Zip Code 32506 | |
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| 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 _____ <small>Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TESTER, JOHN 1068 OAK VIEW DR. PENSACOLA FL 32507 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CRAIGIE, JOHN 5128 CHOCTAW AVE PENSACOLA FL 32507 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CRAIGIE, FAYE 5128 CHOCTAW AVE PENSACOLA FL 32507 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCLEOD, BURMA 12 COTTAGE CIRCLE PENSACOLA FL 32507 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLEOD, JAMES 12 COTTAGE CIRCLE PENSACOLA FL 32507 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Director Paul Slavin 2509 Tarklin Oak Dr. Pensacola, Fl 32506 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Valerie Gardner 12323 Ailanthus Dr. Pensacola, Fl 32506 <input type="checkbox"/> Change <input checked="" 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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: Burma McLeod, Treas./Dir. *4/29/08 850-492-2248*