

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005482

**FILED**  
**Nov 03, 2008**  
**Secretary of State**

**Entity Name:** PERDIDO BAY COUNTRY CLUB ESTATES CONSERVATION ASSOCIATION, INC.

**Current Principal Place of Business:**

4400 MOBILE HWY  
PENSACOLA, FL 32506

**New Principal Place of Business:**

**Current Mailing Address:**

4400 MOBILE HWY  
PENSACOLA, FL 32506

**New Mailing Address:**

433 E. GOVERNMENT STREET  
PENSACOLA, FL 32502

**FEI Number:** 03-0435089      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MINSHEW, LISA S  
433 EAST GOVERNMENT STREET  
PENSACOLA, FL 32501      US

**Name and Address of New Registered Agent:**

MINSHEW, LISA S  
433 EAST GOVERNMENT STREET  
PENSACOLA, FL 32502      US

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.

SIGNATURE: LISA S. MINSHEW

11/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GRAF, ALBERT C  
Address: 4400 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: MABIE, MARRIAN  
Address: 4400 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete  
Name: MINSHEW, LISA  
Address: 4400 MOBILE HWY  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MINSHEW, LISA  
Address: 433 E. GOVERNMENT STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA S. MINSHEW

D

11/03/2008

Electronic Signature of Signing Officer or Director

Date