

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011960

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** PERDIDO COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

113 BAYBRIDGE PARKWAY  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

113 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

113 BAYBRIDGE PARKWAY  
GULF BREEZE, FL 32561

**New Mailing Address:**

113 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, JAMES S  
BEGGS & LANE  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MACQUEEN, JULIAN B  
Address: 113 BAYBRIDGE PARKWAY  
City-St-Zip: GULF BREEZE, FL 32561

Title: DVS  
Name: TOWNSEND, JEFF  
Address: 113 BAYBRIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

I hereby 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 all other like empowered.

**SIGNATURE:** JULIAN B. MACQUEEN

DPT

03/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date