## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N31447

FILED Mar 10, 2005 Secretary of State

Entity Name: PERDIDO PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
	ERIE DRIVE DLA, FL 32507	US		VALERIE DRIVE ACOLA, FL 3250			
Current Mailing Address:				New Mailing Address:			
	ERIE DRIVE DLA, FL 32507	US		VALERIE DRIVE ACOLA, FL 3250	7 US		
FEI Number:	59-2940844	FEI Number Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Des	ired ( )	
Name and	Address of C	urrent Registered Agent:	Name	and Address of	New Registered Agent	::	
	I, RANDY ERIE DRIVE DLA, FL 32507	US	13408	ASARIAN, DAVID VALERIE DRIVE ACOLA, FL 3250'			
	named entity s of Florida.	ubmits this statement for the	purpose of chang	ing its registered	office or registered ager	nt, or both,	
SIGNATUF	RE: DAVID I. E	BAGDASARIAN			03/10/2005		
	Electron	ic Signature of Registered Ag	ent		Date		
OFFICERS	S AND DIRECT	rors:	ADDI"	TIONS/CHANGES	TO OFFICERS AND	DIRECTORS	
Title: Name: Address: City-St-Zip:	D () STANMORE, TO 13444 VALERIE PENSACOLA, F	DR	Title: Name: Address City-St-	s:	) Change ()Addition		
Title: Name: Address: City-St-Zip:	D () COVEY, ROBEF 13412 VALERIE PENSACOLA, F	DRIVE	Title: Name: Address City-St-	BAGDASARIA 13408 VALER	IE DRIVE		
Title: Name: Address: City-St-Zip:	PD () MARKHAM, RAN 13430 VALERIE PENSACOLA, F	DR	Title: Name: Address City-St-	BAGDASARIA 13430 VALER	IE DR		
Title: Name: Address: City-St-Zip:	TD () SHORTENCARF 13404 VALERIE PENSACOLA, F	DR	Title: Name: Address City-St-	MARKHAM, RA 13430 VALER	IE DR		
Title: Name: Address: City-St-Zip:	D () MORAN, ROBER 13424 VALERIE PENSACOLA, F	DRIVE	Title: Name: Address City-St-	): ::	) Change ()Addition		
Title: Name: Address: City-St-Zip:	SD (X) WALTON, JOHN 13418 VALERIE PENSACOLA, F	DRIVE	Title: Name: Address City-St-	): :	) Change ( ) Addition		
Address:	13418 VALERIE	DRIVE	Address				

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID I. BAGDASARIAN TD 03/10/2005