

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90044 040 \*\*\*\*61.25

**DOCUMENT # N31447**

1. Entity Name  
PERDIDO PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
13408 VALERIE DRIVE  
PENSACOLA, FL 32507 US

Mailing Address  
13408 VALERIE DRIVE  
PENSACOLA, FL 32507 US

40000800



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2940844

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

BAGDASARIAN, DAVID I  
13408 VALERIE DRIVE  
PENSACOLA, FL 32507

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 reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	STANMORE, TOM	
STREET ADDRESS	13444 VALERIE DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAGDASARIAN, DAVID	
STREET ADDRESS	13430 VALERIE DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENLEE, SAM	
STREET ADDRESS	13400 VALERIE DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORAN, ROBERT	
STREET ADDRESS	13424 VALERIE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, BARBARA	
STREET ADDRESS	13418 VALERIE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKERSON, LINDA	
STREET ADDRESS	13430 VALERIE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: DAVID I. BAGDASARIAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 07  
Date

850 221 2591  
Daytime Phone #