

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90046 018 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                        |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N31447</b><br>1. Entity Name<br>PERDIDO PINES HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                        |                                                                              |
| Principal Place of Business<br>13408 VALERIE DRIVE<br>PENSACOLA, FL 32507 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Mailing Address<br>13408 VALERIE DRIVE<br>PENSACOLA, FL 32507 US                                                                                                                       |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br>13428 VALERIE DR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | 3. Mailing Address<br>13428 VALERIE DRIVE                                                                                                                                              |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | Suite, Apt. #, etc.                                                                                                                                                                    |                                                                              |
| City & State<br>PENSACOLA FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | City & State<br>PENSACOLA, FL                                                                                                                                                          |                                                                              |
| Zip<br>32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Zip<br>32507                                                                                                                                                                           |                                                                              |
| Country<br>US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Country<br>US                                                                                                                                                                          |                                                                              |
| 4. FEI Number<br>59-2940844                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | \$8.75 Additional Fee Required                                                                                                                                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>BAGDASARIAN, DAVID I<br>13408 VALERIE DRIVE<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | 7. Name and Address of New Registered Agent<br>Name: CYNTHIA H. LALAS<br>Street Address (P.O. Box Number is Not Acceptable): 13428 VALERIE DRIVE<br>City: PENSACOLA FL Zip Code: 32507 |                                                                              |
| 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: <i>Cynthia H. Lalas</i> CYNTHIA H. LALAS, TREASURER 4-3-2008<br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                                        |                                                                              |
| Filing Fee is \$61.25<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                        |                                                                              |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                                                        |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                  |                                                                              |
| TITLE<br>D<br>NAME<br>STANMORE, TOM<br>STREET ADDRESS<br>13444 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Delete | TITLE<br>P<br>NAME<br>DAN MILLER<br>STREET ADDRESS<br>13438 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>TD<br>NAME<br>BAGDASARIAN, DAVID<br>STREET ADDRESS<br>13430 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete | TITLE<br>T<br>NAME<br>CYNTHIA LALAS<br>STREET ADDRESS<br>13428 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>GREENLEE, SAM<br>STREET ADDRESS<br>13400 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Delete | TITLE<br>S<br>NAME<br>ALBERT BENOIT<br>STREET ADDRESS<br>13426 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>O BRIEN, BARBARA<br>STREET ADDRESS<br>13418 VALERIE DRIVE<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Delete | TITLE<br>D<br>NAME<br>BOB MONAN<br>STREET ADDRESS<br>13424 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>D<br>NAME<br>NICKERSON, LINDA<br>STREET ADDRESS<br>13430 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Delete | TITLE<br>D<br>NAME<br>CHARLES HENDERSON<br>STREET ADDRESS<br>13422 VALERIE DR<br>CITY-ST-ZIP<br>PENSACOLA, FL 32507                                                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <i>Cynthia H. Lalas</i> CYNTHIA H. LALAS 4-3-2008 (850) 492-7183<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                                                                                                                                        |                                                                              |