

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-10-2007 90044 041 \*\*\*\*61.25

**DOCUMENT # N32042**

1. Entity Name  
**PERDIDO BAY GOLF AND COUNTRY CLUB  
ASSOCIATION, INC.**



Principal Place of Business  
**NAVAHO DRIVE  
PENSACOLA, FL 32507 US**

Mailing Address  
**P O BOX 34473  
PENSACOLA, FL 32507-4473 US**



01062007 Chg-NP CR2E037 (12/06)

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

4. FEI Number  
**NOT APPLICABLE**

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

**BENDER, DIANE**  
**5539 NAVADO DR.**  
**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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **BENDER, DIANE**  
STREET ADDRESS **5539 NAVADO DR**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☒ Change ☐ Addition  
NAME **SS39 NAVAHO DRIVE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **BENN, TERRY**  
STREET ADDRESS **1503 NAVADA CT**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☒ Change ☐ Addition  
NAME **1503 NAVAHO DRIVE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **KEMP, MARK**  
STREET ADDRESS **1504 NAVADA CT**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☒ Change ☐ Addition  
NAME **1504 NAVAHO CT.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **WAGGONER, RONALD**  
STREET ADDRESS **5520 NAVADO DR**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☒ Change ☐ Addition  
NAME **5520 NAVAHO DR.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KEMP, LISA**  
STREET ADDRESS **1504 NAVADO CT**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☒ Change ☐ Addition  
NAME **1504 NAVAHO CT.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RYAN, JAMES**  
STREET ADDRESS **1505 NAVADA CT**  
CITY-ST-ZIP **PENSACOLA, FL 32507**

TITLE ☒ Change ☐ Addition  
NAME **1505 NAVAHO CT.**  
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** *Ronald W. Waggoner* **RONALD W. WAGGONER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/07**

Date

**850-341-0736**

Daytime Phone #