

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002919 (7)

1. Corporation Name

PERDIDO BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

16335 PERDIDO KEY DR.
PENSACOLA FL 32507-4062

Mailing Address

P.O. BOX 34062
PENSACOLA FL 32507-4062



3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, ROBERT M
16335 PERDIDO KEY DR.
PENSACOLA FL 32507-4062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME FRAZIER, THOMAS H
STREET ADDRESS 4110 BAUER RD.
CITY-ST-ZIP PENSACOLA FL 32506

TITLE VD ☒ DELETE

NAME SEDES, DEBBIE
STREET ADDRESS 172 CAMELIA ST.
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE SD ☐ DELETE

NAME HAROLD, GLENDA
STREET ADDRESS 4004 AZURE WAY
CITY-ST-ZIP PENSACOLA FL 32507

TITLE TD ☒ DELETE

NAME KUBIAK, S A
STREET ADDRESS 5441 PONTE VERDE COVE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D ☒ Change ☐ Addition

BROWN, Norman F.
12600 Sorrento Road
Pensacola, FL 32507

V/D ☒ Change ☐ Addition

CATE, Hugh C.
4021 Teal Way
Pensacola, FL 32507

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

ALEXANDER, Robert M.
16335 Perdido Key Dr, #407
Pensacola, FL 32507

☐ Change ☐ Addition

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☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/96

(904) 492-2604

Date Daytime Phone #

CR2E037 (12/95)