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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

16335 PERDIDO KEY DR.  
PENSACOLA FL 32507-4062

P.O. BOX 34062  
PENSACOLA FL 32507-4062

3. Date Incorporated or Qualified  
06/16/1995

3a. Date of Last Report  
03/01/1996

21. 2. Principal Place of Business  
16335 PERDIDO KEY DR.

2a. Mailing Address

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

22. Suite, Apt. #, etc.  
#407

Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23. City & State  
PENSACOLA, FL.

City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24. Zip  
32507

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 BROWN, NORMAN  
STREET ADDRESS 12800 SORRENTO RD  
CITY-ST-ZIP PENSACOLA FL 32507

1.1 TITLE  Change  Addition  
1.2 NAME BROWN, NORMAN F.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME CATE, HUGH C  
STREET ADDRESS 4021 TEAL WAY  
CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE VD  Change  Addition  
2.2 NAME THOMPSON, FRANCIS P  
2.3 STREET ADDRESS 14795 PERDIDO KEY DR. #9  
2.4 CITY-ST-ZIP PENSACOLA, FL. 32507

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

3.1 TITLE SD  Change  Addition  
3.2 NAME WHITMER, JAMES A.  
3.3 STREET ADDRESS 12525 OPHELIA DR.  
3.4 CITY-ST-ZIP PENSACOLA, FL. 32506

TITLE TD  DELETE  
NAME ALEXANDER, ROBERT M  
STREET ADDRESS 16335 PERDIDO KEY DR #407  
CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE TD  Change  Addition  
4.2 NAME HAROLD, GLENDA  
4.3 STREET ADDRESS 4004 AZURE WAY  
4.4 CITY-ST-ZIP PENSACOLA, FL. 32507

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norman F. Brown* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

Date

904-492-2604

Daytime Phone # 007294

CR2E037 (9/96)