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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002919 (7)**

1. Corporation Name

PERDIDO BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**16335 PERDIDO KEY DR.
#407
PENSACOLA FL 32507-4062
US**

Mailing Address

**P.O. BOX 34062
PENSACOLA FL 32507-4062**

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 16335 PERDIDO KEY DR.
Suite, Apt. #, etc.**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.1506, 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, NORMAN F.	
STREET ADDRESS	12600 SORRENTO RD	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, FRANCIS P.	
STREET ADDRESS	14795 PERDIDO KEY DR. #9	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHITMER, JAMES A.	
STREET ADDRESS	12525 OPHELIA DR.	
CITY-ST-ZIP	PENSACOLA FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAROLD, GLENDA	
STREET ADDRESS	4004 AZURE WAY	
CITY-ST-ZIP	PENSACOLA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eric Ericson	
1.3 STREET ADDRESS	5652 Innerarity Dr.	
1.4 CITY-ST-ZIP	Pensacola FL 32507	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sue Bartol	
2.3 STREET ADDRESS	14075 Canal Dr.	
2.4 CITY-ST-ZIP	Pensacola FL 32507	

3.1 TITLE	577D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Walt Raymond	
3.3 STREET ADDRESS	16500 Perdido Key Dr.	
3.4 CITY-ST-ZIP	Pensacola FL 32507	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

Robert M. Alexander

850/492-0023

CR2E037 (10/97)