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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002919

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21	26	06/16/1995		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	NOT APPLICABLE		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees

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 617.1508, 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	1.1 TITLE	PD
NAME	ERICSON, ERIC	1.2 NAME	Mark Heller
STREET ADDRESS	5652 INNERARITY CR	1.3 STREET ADDRESS	13624 Canal Drive
CITY-ST-ZIP	PENSACOLA FL 32507	1.4 CITY-ST-ZIP	Pensacola, Fl. 32507
TITLE	VD	2.1 TITLE	VD
NAME	BARTOL, SUE	2.2 NAME	Jean Kovac
STREET ADDRESS	14075 CANAL DRIVE	2.3 STREET ADDRESS	5505 Custer Dr.
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	Pensacola, Fl. 32507
TITLE	STD	3.1 TITLE	STD
NAME	AYMOND, WALT	3.2 NAME	Jamie Knowles
STREET ADDRESS	16560 PERDIDO KEY DRIVE	3.3 STREET ADDRESS	5690 Innerarity Cr.
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	Pensacola, Fl. 32507
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Mark Heller **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

Date

(850) 492-0023

Daytime Phone #

CR25037-11/98