

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90025 007 ****61.25

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DOCUMENT # N95000002919

1. Entity 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

12525 OPHELIA DR.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 34062
 Suite, Apt. #, etc.

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL 325

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32506

Country

ESCAMBIA

Zip

32507

Country

ESCAMBIA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
CAROLYN WHITMER
 Street Address (P.O. Box Number is Not Acceptable)
 12525 OPHELIA DR.

City
PENSACOLA, FL Zip Code
32506

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.

SIGNATURE *Carolyn Whitmer*

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

(NOTE: Registered Agent signature required when reinstating)

3-5-2001

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STROMQUIST, BILL 7263 LAGO VISTA CT. PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROTHERTON, CURTIS 5692 GRANDE LAGOON PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUILLAUME, ANGELA 5825 KAISER LANE PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROLYN WHITMER 12525 OPHELIA PENSACOLA, FL 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEAN KOVAC 5505 CUSTER DR. PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: **CAROLYN WHITMER** *Carolyn Whitmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

492-0023

Daytime Phone #

CR2E037 (10/00)