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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004821 (2)**

1. Corporation Name

**PERDIDO BAY COUNTRY CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**5068 SHOSHONE DR  
PENSACOLA FL 32507**

**5068 SHOSHONE DR  
PENSACOLA FL 32507-8766**



3. Date Incorporated or Qualified  
**09/16/1996**

3a. Date of Last Report

2. Principal Place of Business <b>21 PERDIDO Bay RESORT</b>	2a. Mailing Address <b>26 P.O. Box 34419</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State <b>23 PENSACOLA, FL</b>	27 City & State <b>28 PENSACOLA, FL</b>
24 Zip <b>32507</b>	29 Zip <b>32507</b>
Country <b>25 ESCAMBIA</b>	Country <b>30 ESCAMBIA</b>

4. FEI Number  
**592353442**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**STRUBHAR, BURTON E  
220 W GARDEN ST  
SUITE 804  
PENSACOLA FL 32501**

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>PRESIDENT (D)</b>
NAME	<b>RYAN, ROBERT F</b>	1.2 NAME	<b>ENGLE, JOETTA</b>
STREET ADDRESS	<b>5068 SHOSHONE DR</b>	1.3 STREET ADDRESS	<b>5174 PALE MOON DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>
TITLE	<b>D</b>	2.1 TITLE	<b>VICE-PRESIDENT (D)</b>
NAME	<b>ENGLE, JOETTA</b>	2.2 NAME	<b>J.E. VON LORENCE</b>
STREET ADDRESS	<b>5174 PALE MOON DR</b>	2.3 STREET ADDRESS	<b>50 ARAPAHO DR</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>
TITLE	<b>D</b>	3.1 TITLE	<b>SECRETARY (D)</b>
NAME	<b>VILSECK, AUGUST</b>	3.2 NAME	<b>JOETTA</b>
STREET ADDRESS	<b>5210 PALE MOON DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>THOMPSON, JOE</b>	4.2 NAME	<b>THOMPSON, JOE</b>
STREET ADDRESS	<b>5081 SHOSHONE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<b>TREASURER (D)</b>
NAME	<b>MCCORMICK, JACK</b>	5.2 NAME	<b>Mc CORMICK, JOHN A.</b>
STREET ADDRESS	<b>2 ZUNI CIR</b>	5.3 STREET ADDRESS	<b>2 ZUNI CIRCLE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32507</b>	5.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32507</b>
TITLE	<b>D</b>	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.

CR2E037 (9/96)