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Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortam 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

**PERDIDO BAY RESORT
9088 SHOESHONE DR
PENSACOLA FL 32507
US**

**P.O. BOX 34419
PENSACOLA FL 32507
US**



3. Date Incorporated or Qualified

09/16/1996

4. FEI Number

59-2353442

Applied For

Not Applicable

2. Principal Place of Business

21 PERDIDO BAY RESORT

Suite, Apt. #, etc.

22 50 ARAPAHO DRIVE

City & State

23 PENSACOLA, FL

Zip

24 32507

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

**STRUBHAR, BURTON E
220 W GARDEN ST
SUITE 604
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name GROOM II, PAUL W.

82 Street Address (P.O. Box Number is Not Acceptable)

226 PALAFLEX PL, NINTH FLOOR

83 Seville Tower

84 City PENSACOLA

FL

85 Zip Code 32507

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

Paul W. Groom II
Signature, typed or printed name of registered agent and title if applicable.

Paul W. Groom II

3-10-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ENGLE, JOETTA
STREET ADDRESS 5174 PALE MOON DR
CITY-ST-ZIP PENSACOLA FL ☒ DELETE

TITLE VPD
NAME VON LORENCE, J.E.
STREET ADDRESS 50 ARAPAHO DR
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE D
NAME VILSECK, AUGUST
STREET ADDRESS 5210 PALE MOON DR
CITY-ST-ZIP PENSACOLA FL 32507 ☐ DELETE

TITLE D
NAME THOMPSON, JOE
STREET ADDRESS 5081 SHOSHONE DR
CITY-ST-ZIP PENSACOLA FL 32507 ☒ DELETE

TITLE DT
NAME MCCORMICK, JOHN A
STREET ADDRESS 2 ZUNI CIR
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☒ Addition
1.2 NAME HUNT, PETER
1.3 STREET ADDRESS 5070 CHOCTAW AVE.
1.4 CITY-ST-ZIP PENSACOLA, FL 32507

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME VON LORENCE, J.E.
2.3 STREET ADDRESS 50 ARAPAHO DR
2.4 CITY-ST-ZIP PENSACOLA, FL 32507

3.1 TITLE D ☒ Change ☒ Addition
3.2 NAME SCULLY, PATRICIA
3.3 STREET ADDRESS 24 ARAPAHO DRIVE
3.4 CITY-ST-ZIP PENSACOLA, FL 32507

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ 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:

John A. McCormick

3-10-98

850/492-1208

CR2E037 (10/97)