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**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90086 007 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000004821</b>					
1. Corporation Name <b>PERDIDO BAY COUNTRY CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business PERDIDO BAY RESORT 50 ARAPAHO DR PENSACOLA FL 32507 US			Mailing Address P.O. BOX 34419 PENSACOLA FL 32507 US		



2. Principal Place of Business 21 <b>5270 CHOCTAW AVE.</b>		2a. Mailing Address 26 <b>A/A</b>		3. Date Incorporated or Qualified <b>09/16/1996</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2353442</b>	
City & State 23 <b>PENSACOLA, FL</b>		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>32507</b>		Country 25 <b>ESCAMBIA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>GROOM, PAUL W. I 226 PALAFOX PL, NINTH FL SEVILLE TOWER PENSACOLA FL 32508</b>			10. Name and Address of New Registered Agent 81 Name <b>KIEVIT, KELLY ODDOM, P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>15 WEST MAIN ST.</b> 83 84 City <b>PENSACOLA</b> FL 85 Zip Code <b>32501</b>		

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: Robert W. Kievit **ROBERT W. KIEVIT, PRESIDENT** DATE: **APRIL 12, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, PETER	1.2 NAME	HUNT, PETER
STREET ADDRESS	5070 CHOCTAW AVE	1.3 STREET ADDRESS	5070 CHOCTAW AVE.
CITY-ST-ZIP	PENSACOLA FL 32507	1.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON LORENZ, J. E.	2.2 NAME	WIX, FREDERICK
STREET ADDRESS	50 ARAPAHO DR	2.3 STREET ADDRESS	5084 SHOSHONE DR.
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILSECK, AUGUST	3.2 NAME	KORTELING, HENRY
STREET ADDRESS	5210 PALE MOON DR	3.3 STREET ADDRESS	31 ARAPAHO DR.
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCULLY, PATRICIA	4.2 NAME	SULLIVAN, RAYMOND
STREET ADDRESS	24 ARAPAHO DR	4.3 STREET ADDRESS	5194 PALE MOON DR.
CITY-ST-ZIP	PENSACOLA FL 32507	4.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMICK, JOHN A	5.2 NAME	ROOSE, SAM
STREET ADDRESS	2 ZUNI CIR	5.3 STREET ADDRESS	5243 PALE MOON DR
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HOLDER, ALEX
STREET ADDRESS		6.3 STREET ADDRESS	5191 PALE MOON DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA, FL 32507

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: John A. McCormick **RECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 860/492-1208

CR2E037 (1/198)