

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90018 005 ****61.25

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1. Entity Name

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



Principal Place of Business

**5185 CHOCTAW AVE
PENSACOLA FL 32507
US**

Mailing Address

**P.O. BOX 34419
PENSACOLA FL 32507-4419
US**

24019646



MOORE CR2E037 (11/03)

2. Principal Place of Business

5273 PALE MOON DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Suite, Apt. #, etc.

Zip

32507

Country

USA

Zip

Country

4. FEI Number

59-2353442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIEVIT, KELLY & ODOM, P.A.
15 WEST MAIN ST
PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	CAMPBELL, DON	
STREET ADDRESS	5185 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VP	☒ Delete
NAME	PATCE, JERRY	
STREET ADDRESS	5219 PALE MOON DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	☒ Delete
NAME	HENDERSON, ANNE	
STREET ADDRESS	5240 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	☒ Delete
NAME	MCCORMICK, JACK	
STREET ADDRESS	2 ZUNI CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	☒ Delete
NAME	FORD, BILL	
STREET ADDRESS	4 MAYA CT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	S	☐ Delete
NAME	LIPTAK, CINDY	
STREET ADDRESS	5220 CHOCTAW AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Change ☒ Addition
NAME	CAMPBELL, DONALD	
STREET ADDRESS	5273 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	VP	☒ Change ☐ Addition
NAME	PATEE, JERRY	
STREET ADDRESS	5219 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	T	☐ Change ☒ Addition
NAME	CAMPBELL, KATHRYN	
STREET ADDRESS	5273 PALE MOON DR	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	☐ Change ☒ Addition
NAME	HENDERSON, ANNE	
STREET ADDRESS	5240 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	☐ Change ☒ Addition
NAME	HUNT, PETE	
STREET ADDRESS	5270 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Donald B Campbell

March 5, 2004

850-492-8055