

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004821

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



Principal Place of Business
**5273 PALE MOON DR.
PENSACOLA, FL 32507 US**

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



01062005 No Chg-NP CR2E037 (10/03)

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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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMPBELL, DON
STREET ADDRESS	5273 PALE MOON DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VP
NAME	PATEE, JERRY
STREET ADDRESS	5219 PALE MOON DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	T
NAME	CAMPBELL, KATHRYN
STREET ADDRESS	5273 PALE MOON DR.
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	HENDERSON, ANNE
STREET ADDRESS	5240 CHOCTAW AVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	HUNT, PETE
STREET ADDRESS	5270 CHOCTAW AVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	S
NAME	LIPTAK, CINDY
STREET ADDRESS	5220 CHOCTAW AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32507

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01/10/05-80078-002 61.25

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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: Don Campbell DON CAMPBELL Jan 6, 2005 492-8055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #