

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 007 ****61.25

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		
2. Principal Place of Business 1 Pueblo Ct.		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola FL		City & State		4. FEI Number 59-2353442	
Zip 32507		Country USA		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 Kievet Odom + Barlow Street Address (P.O. Box Number is Not Acceptable) 635 W. Garden St. City Pensacola FL Zip Code 32502		
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 <u><i>Kievet Odom</i></u> , V.P. DATE 5/9/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, DON 5273 PALE MOON DR. PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jerry Unruh 1 Pueblo Ct. Pensacola FL 32507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEE, JERRY 5219 PALE MOON DRIVE PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ron Zimmerman 5246 Pale Moon Dr. Pensacola FL 32507	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, KATHRYN 5273 PALE MOON DR. PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dee Unruh 1 Pueblo Ct. Pensacola FL 32507	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, ANNE 5240 CHOCTAW AVE PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Faye Craigie 5128 Choctaw Ave Pensacola FL 32507	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PETE 5270 CHOCTAW AVE PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Charles Minerman 5214 Choctaw Ave. Pensacola FL 32507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPTAK, CINDY 5220 CHOCTAW AVENUE PENSACOLA, FL 32507	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ray Ayres 5113 Choctaw Ave. Pensacola FL 32507	☒ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/11/06 Daytime Phone # 850-497-9254		