2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # N9600004821 1. Entity Name PERDIDO BAY COUNTRY CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC.		TATES		03	-31-2008 9002	26 025 ****61.:	25	
Principal Place 2 BOW STRIN PENSACOLA,	IG CIR	Mailing Address PO BOX 24419 - 3 441 PENSACOLA, FL 32507		A LOGINIES BIR IBIID	6:H1 42111 #2:H1 62:H1 25:	n den kreel teke heel ti	Dinal es (ES)	
Principal Place of Business - No P.O. Box # 3 Ma		3 Mailing Address	9					
Suite, Apt. #, etc. Sc		Suite, Apt. #, etc.		03272008 C	ng-NP C	R2E037 (12/06)		
		Persocola FL			2		oplied For	
Zip	Country	35507	Country US A	5. Certificate of St	atus Desired	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name and Add	Iress of New Regis	stered Agent		
KIEVIT, ODOM & BARLOW 635 WEST GARDEN ST PENSACOLA, FL 32502				Name				
			Sirebi Addie	Street Address (P.O. Box Number is Not Acceptable)				
			City		 	FL Zip Cod	le	
The above named entity submits this statement for the purpose of changing its registered off the obligations of registered agent.				istered agent, or both, in	the State of Florida		and accept	
aro oongar	one or registered agent.							
SIGNATURE .								
0.0.0.0.0.2	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE: Regi	istered Agent signature rec	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and tite if applicable. (NOTE: Region Campaig Trust Fund Contr	gn Financing	\$5.00 May Be Added to Fees	t .	check payable t		
10.	Filing Fee is \$61,25	9. Election Campaig Trust Fund Contr	gn Financing	\$5.00 May Be	Florida	check payable t Department of 8	tate	
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE P SMALLAY, TED 2 BOW STRING CIRCLE	9. Election Campaig Trust Fund Contr RECTORS Delete	gn Financing Ibution. 11. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME M STREET ADDRESS F	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Fiorida ES TO OFFICERS. D TIR L 32507 U AVE	check payable t Department of 8	tate	
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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:

CHAPTURE AND TYPED OR PRINTED MANE OF BIGHING OFFICER OR DIRECTOR

4-1-08 858-492-396.

Daytime Phone #