

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004821

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

2 BOW STRING CIR
PENSACOLA, FL 32507 US

New Principal Place of Business:

5168 CHOCTAW AVE
PENSACOLA, FL 32507 US

Current Mailing Address:

PO BOX 34419
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 59-2353442 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIEVIT, ODOM & BARLOW
635 WEST GARDEN ST
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMALLEY, TED
Address: 2 BOUND STRING CIR
City-St-Zip: PENSACOLA, FL 32507

Title: VP () Delete
Name: MITCHELL, TOM
Address: 5168 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: S () Delete
Name: MINERMAN, CHUCK
Address: 5214 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: T () Delete
Name: HOFFMAN, DAN
Address: 5 BOW STRING CIR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: HENDERSON, BILL
Address: 5240 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: MILLER, JERRY
Address: 5213 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MITCHELL, TOM
Address: 5168 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: VP (X) Change () Addition
Name: HENDERSON, BILL
Address: 5240 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOBSON, DAN
Address: 5256 CHOCTAW AVE
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN HOFFMAN

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date