

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 006 ****61.25

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1. Entity Name

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



Principal Place of Business

5313 CHOCTAW AVE
PENSACOLA FL 32507
US

Mailing Address

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

2. Principal Place of Business

5185 Choctaw Ave

Suite, Apt. #, etc.

Pensacola, FL 32507

City & State

USA

Zip

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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 ☒ Delete
NAME **MILLER, JERRY**
STREET ADDRESS **5313 CHOCTAW AVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☒ Delete
NAME **CAMPBELL, DON**
STREET ADDRESS **5185 CHOCTAW AVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
NAME **HENDERSON, ANN**
STREET ADDRESS **5240 CHOCTAW AVE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
NAME **MCCORMICK, JACK**
STREET ADDRESS **2 ZUNI CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Delete
NAME **FORD, BILL**
STREET ADDRESS **4 MAYA CT**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ 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 ☐ Change ☒ Addition
NAME **Campbell, Don**
STREET ADDRESS **5185 Choctaw Ave**
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Patee, Jerry**
CITY-ST-ZIP **5219 Pale Moon Drive**
Pensacola, FL 32507

TITLE ☒ Change ☐ Addition
NAME **Henderson, Anne**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **Same**
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:

SIGNATURE REQUIRED
Anne Henderson

4/28/2003 (855) 492-3844

CR2E037 (10/02)