

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

06-07-2004 90001 010 \*\*\*\*61.25

<b>DOCUMENT # N98000004770</b>					
<b>1. Entity Name</b> PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII, INC.					
<b>Principal Place of Business</b> P.O. BOX 34274 PENSACOLA, FL 32507			<b>Mailing Address</b> P.O. BOX 34274 PENSACOLA, FL 32507		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3533048	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BOHANNON, STEPHEN T 4716 CONDADO PENSACOLA, FL 32507			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE: <u>Stephen T. Bohannon</u> <span style="float: right;">May 29, 04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOHANNON, STEPHEN T 4716 CONDADO PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CRANFORD, LYNNE 12667 MOALE DR. PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BAKER, SUE H 12700 PRIMERO CT. PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BK AGBAGALA, VIRGINIA 12700 BAHIA CT PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAWKINS, CAROLYN 12681 PRIMERO CT. PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, JOHNNY G 12700 PRIMERO CT. PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Glenn Rittelmeyer 12665 Moale Dr Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Arlene Carr 4625 Choctaw Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE: <u>Sue H. Baker</u> <span style="float: right;">Sue H. Baker 5-25-04 6839</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					