


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

04-26-2006 90178 043 ****61.25

DOCUMENT # N98000004770 1. Entity Name PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII, INC.	
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Principal Place of Business P.O. BOX 34274 PENSACOLA, FL 32507	Mailing Address P.O. BOX 34274 PENSACOLA, FL 32507
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01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3533048	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VIGER, COLEEN
4703 CONDADO CIRCLE
PENSACOLA, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIGER, COLEEN 4703 CONADO CIRCLE PENSACOLA, FL 32507 <i>Coleen Viger</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAWKINS, CAROLYN 12681 PRIMERO COURT PENSACOLA, FL 32507 <i>Carolyn Hawkins</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSTENS, MIKE 12690 BAHIA CT. PENSACOLA, FL 32507 <i>Mike Carstens</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BK AGBAGALA, VIRGINIA 12700 BAHIA CT PENSACOLA, FL 32507 <i>Virginia Agbagala</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLENE, CARR 4825 CHOCTAW PENSACOLA, FL 32507 <i>Arlene Carr</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #