

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90007 002 ****61.25

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1. Entity Name

PERDIDO BAY COUNTRY CLUB ESTATES, UNIT VII,
INC.



Principal Place of Business

P.O. BOX 34274
PENSACOLA FL 32507

Mailing Address

P.O. BOX 34274
PENSACOLA FL 32507



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3533048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, JOHNNY
12700 PRIMERO CT
PENSACOLA FL 32507

Name **SANDY DASTER**

Street Address (P.O. Box Number is Not Acceptable)

12680 Molale Dr

City **PENSACOLA**

FL

Zip Code **32507**

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

Sandy Daster

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/6/08

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, JOHNNY	
STREET ADDRESS	12700 PRIMERO CT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOHANNON, STEVE	
STREET ADDRESS	4716 CONDADO CIRCLE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PETERSON, RICK	
STREET ADDRESS	12461 RED CLOUD ROAD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	BK	<input type="checkbox"/> Delete
NAME	AGBAGALA, VIRGINIA	
STREET ADDRESS	12700 BAHIA CT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARSTENS, MIKE	
STREET ADDRESS	12690 BAHIA COURT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSARIO, NICK	
STREET ADDRESS	4601 CHOWTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY DASTER	
STREET ADDRESS	12680 MOLALE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICK ROSARIO	
STREET ADDRESS	4601 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARLEEN CARR	
STREET ADDRESS	4625 CHOCTAW AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRON CRANFORD	
STREET ADDRESS	12667 MOLALE DR	
CITY-ST-ZIP	PENSACOLA FL 32507	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sandy Daster

5/6/08

850-492-0845