

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004821

Entity Name: PERDIDO BAY COUNTRY CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**5240 CHOCTAW AVENUE
PENSACOLA, FL 32507**Current Mailing Address:**PO BOX 16231
PENSACOLA, FL 32507 US**FEI Number: 59-2353442****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIEVIT, ODOM & BARLOW
1800 NORTH "E" STREET
PENSACOLA, FL 32501 US*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

Officer/Director Detail :

Title PRES
Name HENDERSON, WILLIAM
Address 5240 CHOCTAW AVENUE
City-State-Zip: PENSACOLA FL 32507

Title VP
Name STEFFEN, CHRISTINA
Address 5104 CHOCTAW AVENUE
City-State-Zip: PENSACOLA FL 32507

Title TREASURER
Name PRESLEY, BOBBY E
Address 4 PAPAGO CIRCLE
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name DICKSON, TERRY
Address 7 PAMLICO CIRCLE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name SPRINKLE, RODNEY
Address 4 BOWSTRING CIRCLE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name TRACY, ROBIN W
Address 5068 SHOSHONE DRIVE
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name CRAWFORD, MEREDITH
Address 3 PAPAGO CIRCLE
City-State-Zip: PENSACOLA FL 32507

I hereby 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 all other like empowered.

SIGNATURE: BOBBY E. PRESLEY**TREASURER****03/03/2019**

Electronic Signature of Signing Officer/Director Detail

Date