

2025 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:**5194 PALE MOON DR
PENSACOLA, FL 32507**Current Mailing Address:**PO BOX 16231
PENSACOLA, FL 32507 US**FEI Number: 59-2353442****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JOHNSON, LESLIE
5194 PALE MOON DR
PENSACOLA, FL 32507 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:** LESLIE JOHNSON

03/21/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name JOHNSON, LESLIE
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title VP
Name BOOK, GALE
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title TREASURER
Name LACY, KATHLEEN
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name VEAL, PATTY
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name STANDLEY, ROBERT
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name TREMBLAY, NATALIE
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name SANTNER, GEOFF
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title PRESIDENT
Name WEISEMAN, RANDALL
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Continues on page 2

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: WEISEMAN, RANDALL

PRESIDENT

03/21/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DIAZ, IVAN
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title DIRECTOR
Name BAKER, AMY
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name MULL, TERI
Address PO BOX 16231
City-State-Zip: PENSACOLA FL 32507