

2023 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:**5210 PALE MOON DR
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:**LOERCH, DON
5210 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:** DON LOERCH

01/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LOERCH, DON
Address	P.O. BOX 16231
City-State-Zip:	PENSACOLA FL 32507

Title	VP
Name	JOHNSON, LESLIE
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	BOOK, GAIL
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	NEAL, ALICE
Address	P.O. BOX 16231
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: DONALD B. LOERCH

PRES

01/20/2023

Electronic Signature of Signing Officer/Director Detail

Date