

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90026 018 ****61.25

0081658

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 768330

1. Corporation Name
PELICAN COVE TOWNHOUSE ASSOCIATION OF PERDIDO KEY, INC.

Principal Place of Business
 7196 SHARP REEF
 PENSACOLA FL 32507
 US

Mailing Address
 6141 N. POINT DR.
 FLOWERY BRANCH GA 30542
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/09/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2871082	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEIR, ZENO 7196 SHARP REEF #2 PENSACOLA FL 32507				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, NANCY		1.2 NAME	AKIN, ROBERT	
STREET ADDRESS	5 NOTTINGHAM RD		1.3 STREET ADDRESS	7196 SHARP REEF, UNIT 4	
CITY-ST-ZIP	LINCOLNSHIRE IL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, SAMUEL R		2.2 NAME	BENEDICT, SAMUEL R.	
STREET ADDRESS	6141 N. POINT DR.		2.3 STREET ADDRESS	7196 SHARP REEF, UNIT 5	
CITY-ST-ZIP	FLOWERY BRANCH GA		2.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIR, ZENO		3.2 NAME	WEIR, ZENO	
STREET ADDRESS	7196 SHARP REEF #2		3.3 STREET ADDRESS	7196 SHARP REEF, UNIT 2	
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 register or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (Signature) (SIGNED BY BENEDICT) 2/18/99 850-492-0711
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)