


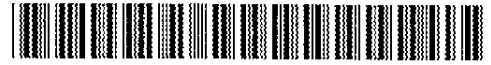
**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 768330	
1. Entity Name PELICAN COVE TOWNHOUSE ASSOCIATION OF PERDIDO KEY, INC.	

Principal Place of Business 7196 SHARP REEF PENSACOLA, FL 32507 US	Mailing Address 7196 SHARP REEF PENSACOLA, FL 32507 US
--	--

DO NOT WRITE IN THIS SPACE



04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2871082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FORD, JAMES S 7196 SHARP REEF #5 PENSACOLA, FL 32507	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FORD, JAMES S 7196 SHARP REEF #5 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POTTER, NANCY 4902 NORTH COUNTY HIGHWAY F STONE LAKE, WI 54876
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, GARY 7196 SHARP REEF #4 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000108655
04/08/04-80024-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: James S. Ford, President Date: 4/5/04 Daytime Phone #: (850) 438-1111