


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 768330

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



Principal Place of Business Mailing Address

7196 SHARP REEF 7196 SHARP REEF
 PENSACOLA, FL 32507 US PENSACOLA, FL 32507 US

DO NOT WRITE IN THIS SPACE



04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-2871082 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORD, JAMES S
 7196 SHARP REEF #5
 PENSACOLA, FL 32507

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FORD, JAMES S
STREET ADDRESS	7196 SHARP REEF ROAD #5
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	BLAKE, OWEN
STREET ADDRESS	7196 SHARP REEF ROAD #2
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	DV
NAME	WILLIAMS, GARY
STREET ADDRESS	7196 SHARP REEF #4
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000923088
 05/18/08-80017-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4/23/2008** **(850)438-1111**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #