

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90222 033 ****61.25

DOCUMENT # 768330

1. Entity Name
**PELICAN COVE TOWNHOUSE ASSOCIATION OF PERDIDO KE
Y, INC.**



Principal Place of Business Mailing Address

**7196 SHARP REEF
PENSACOLA FL 32507
US** **4902 NORTH COUNTRY HIGHWAY F
STONE LAKE WI 54876
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. **7196 Sharp Reef
5**

City & State City & State

Pensacola, FL

Zip Country Zip Country

32507 US

4. FEI Number **59-2871082** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEIR, ZENO
7196 SHARP REEF #2
PENSACOLA FL 32507**

7. Name and Address of New Registered Agent

Name: **Ford, James S.**
Street Address (P.O. Box Number is Not Acceptable): **7196 Sharp Reef #5**
City: **Pensacola** FL Zip Code: **32507**

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: James A. Ford DATE: 04/09/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIR, ZENO 7196 SHARP REEF #2 PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD POTTER, NANCY 5 NOTTINGHAM DRIVE LINCOLNSHIRE IL 60069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- BENEDICT, SAMUEL R 7196 SHARP REEF #5 PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ford, James S. 7196 Sharp Reef #5 Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Potter, Nancy 4902 North County Highway F Stone Lake, WI 54876	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Williams, Gary 7196 Sharp Reef #4 Pensacola, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED DATE: 04/09/2003 PHONE: (850)432-1100

CR2E037 (10/02)