

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N97000000065 (9)
1. Corporation Name
PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC.



| | |
|---|---|
| Principal Place of Business POST OFFICE BOX 216 DESTIN FL 32540 | Mailing Address POST OFFICE BOX 216 DESTIN FL 32540 |
|---|---|

3. Date Incorporated or Qualified
01/07/1997

| | | |
|------------------------------------|---|---|
| 4. FEI Number 59-3419360 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 1002 Highway 98 E. Suite, Apt. #, etc. | 2a. Mailing Address 26 1002 Highway 98 E. Suite, Apt. #, etc. |
| 22 City & State 23 Destin, FL Zip Country 24 32541 Okaloosa | 27 City & State 28 Destin, FL Zip Country 29 32541 Okaloosa |

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN FL 32541**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Mary Ann Raymond |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1002 Highway 98 East |
| 83 |
| 84 City Destin, FL 85 Zip Code 32541 |

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 *Mary Ann Raymond (Mary Ann Raymond) Admin. Asst* 3-24-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ADAMS, JAMES F POST OFFICE BOX 216 DESTIN FL 32540 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD ADAMS, JESSE R SR. POST OFFICE BOX 216 DESTIN FL 32540 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ADAMS, JESSE R JR. POST OFFICE BOX 216 DESTIN FL 32540 | <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 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD Rossbach, Woodrow 7383 Rudgate Court Cincinnati, OH 45244 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | VPD Casey, Tommy 459 E. Main Henderson, TN 38340 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | STD Kanaday, Thomas 3517 Woodmont Blvd. Nashville, TN 37215 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 receiver 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.

SIGNATURE: *Woodrow J. Rossbach* 3-25-98 850-654-1425

CR2E037 (10/97)