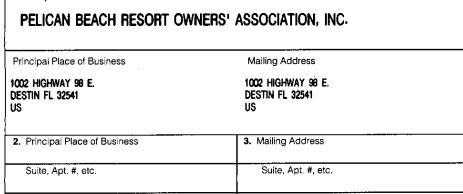
## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N97000000065** 1. Entity Name PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC.

**FILED** Mar 07, 2002 8:00 am Secretary of State

03-07-2002 90136 026 \*\*\*\*61.25



US		US									
		L - 44 70 4 14									
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							AL BANK HOOK	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	9	City & State	City & State			Number	<del></del>		Ap	olied For	
,						<b>59-3419360</b> Not Applicat					
Zip	Country Zip		Cou	ntry	5. Certi	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7Nam	e and Ac	idress of New Registe	red Ag	ent	٠	
					Name						
DAVMOND MADY ANN					Street Address (P.O. Box Number is Not Acceptable)						
RAYMOND, MARY ANN 1002 HIGHWAY 98 E.											
				·							
DESTIN FL 32541				City	City FL Zip Code						
• The above	named entity submits this statem	pont for the purpose of changing	a ite registere	ed office or r	enistered agent	or both	in the state of Florida				
o. The above	mamed entity submits this statem	lent for the purpose of changing	y its registere	JU OITIGE OF TR	egistered agent,	Or DOIN,	in the state of Florida.			1	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere					e required when reinsta	ting)	DA	ATE			
FILE NOW: FEE IS \$61.25  9. Election Campaign				~	_ \$5.00	Мау Ве	Make Ch	neck l	Payable 1	to	
FILE NOW. FEE 15 \$01.25			Trust Fund Contribution.		☐ Added to	Fees	Depart	ment	of State		
							050 70 055(0500 A)	D DIDE	OTOBO IN		
<sub>1</sub> 10.			11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VPD	🔀 Delete	TITLE		D			ι	_ Change	<b>☆</b> Addition	
NAME	ROSSBACH, WOODROW		NAME		Jack Go		ters Blvd.				
STREET ADDRESS CITY-ST-ZIP	TOO DAIN THEO OF TO THE				Shalima:						
	DESTIN FL 32541 PD				DITAL TIME.	., .	<u> </u>		Change	Addition	
TITLE	DIVINCEIT, PHIL	☐ Delete	TITLE	- 1	D44	. 1. 2	Dh: 1	,	Change		
NAME STREET ADDRESS	13707 DAMON DR.			ET ADDRESS	Divincer	161,	Pnii			[	
CITY-ST-ZIP	BATON ROUGE LA 70816			-ST-ZIP							
<del></del>	S/TD	<u>Tarati Valancia (1.00 para 1.1</u>	TITLE		Ta. #15			<u></u>	Change	☐ Addition	
TITLE NAME	KANADAY, THOMAS	☐ Delete	NAME	4				L			
	3517 WOODMONT BLVD.			ET ADDRESS							
CITY-ST-ZIP	NASHVILLE TN 37215			-ST-ZIP							
TITLE	D	☐ Delete	TITLE		VPD				Change	☐ Addition	
NAME	MYERS, MARK	L Delete	NAME		VID			•	<b>1</b>		
	P.O. BOX 1140		9	ET ADDRESS						Ī	
CITY-ST-ZIP	ROGERS AK 72757		CITY-	-ST-ZIP							
TITLE	D	☐ Delete	TITLE						Change	☐ Addition	
NAME	DIVINCENTI, ANTHONY		NAME	1	•			_		_	
STREET ADDRESS	126 SOUTHERN STAR		STREE	ET ADDRESS							
CITY-ST-ZIP	SLIDELL LA 70458		CITY-	-ST-ZIP							
TITLE		☐ Delete	TITLE					[	Change	☐ Addition	
NAME			NAME	:						\	
STREET ADDRESS			STREE	ET ADDRESS							
CITY-ST-ZIP CITY-				-ST-ZIP							
19 Lhoroby	sortify that the information appealin	d with this filing does not qualify	for the ever	antion state	d in Section 110	07/37/1	Florida Statutes I furthe	r cortife	that the in	formation	

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:

Fack Godwin 2/21/02