

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N97000000065

1. Entity Name

PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1002 HIGHWAY 98 E.
 DESTIN FL 32541
 US**

**1002 HIGHWAY 98 E.
 DESTIN FL 32541
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3419360

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAYMOND, MARY ANN
 1002 HIGHWAY 98 E.
 DESTIN FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VPD** Delete
 NAME: **ROSSBACH, WOODROW**
 STREET ADDRESS: **4053 DRIFTING SAND TR**
 CITY-ST-ZIP: **DESTIN FL 32541**

TITLE: **D** Change Addition
 NAME: **Jack Godwin**
 STREET ADDRESS: **865 The Mssters Blvd.**
 CITY-ST-ZIP: **Shalimar, FL 32579**

TITLE: **PD** Delete
 NAME: **DIVINCEIT, PHIL**
 STREET ADDRESS: **13707 DAMON DR.**
 CITY-ST-ZIP: **BATON ROUGE LA 70816**

TITLE: **D** Change Addition
 NAME: **Divincenti, Phil**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **S/TD** Delete
 NAME: **KANADAY, THOMAS**
 STREET ADDRESS: **3517 WOODMONT BLVD.**
 CITY-ST-ZIP: **NASHVILLE TN 37215**

TITLE: **VPD** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **MYERS, MARK**
 STREET ADDRESS: **P.O. BOX 1140**
 CITY-ST-ZIP: **ROGERS AK 72757**

TITLE: **D** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **DIVINCENTI, ANTHONY**
 STREET ADDRESS: **126 SOUTHERN STAR**
 CITY-ST-ZIP: **SLIDELL LA 70458**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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 NOT REQUIRED* Jack Godwin 2/21/02 850/609-1900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)