


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90325 034 ****61.25

DOCUMENT # N97000000065					
1. Entity Name PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC.					
Principal Place of Business 1002 HIGHWAY 98 E. DESTIN FL 32541 US			Mailing Address 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		4. FEI Number 59-3419360	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		MOORE CR2E037 (11/03)			
Not Applicable					
6. Name and Address of Current Registered Agent RAYMOND, MARY ANN 1002 HIGHWAY 98 E. DESTIN FL 32541			7. Name and Address of New Registered Agent Name Hatten, Wanda J. Street Address (P.O. Box Number is Not Acceptable) 1002 Highway 98 E. City Destin FL Zip Code 32541		
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 Wanda J. Hatten , Wanda J. Hatten, Administrative Assistant 4/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GODWIN, JACK		NAME		
STREET ADDRESS	865 THE MASTERS BLVD		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL 32579		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIVINCENTI, PHIL		NAME		
STREET ADDRESS	13707 DAMON DR.		STREET ADDRESS		
CITY-ST-ZIP	BATON ROUGE LA 70816		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NMUTTO, BILL		NAME	ST.D Hutto, Bill	
STREET ADDRESS	PO BOX 2528		STREET ADDRESS	P.O. Box 2528	
CITY-ST-ZIP	PANAMA CITY FL 32402		CITY-ST-ZIP	Panama City, FL 32402	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYERS, MARK		NAME	VPD Myers, Mark	
STREET ADDRESS	P.O. BOX 1140		STREET ADDRESS	P.O. Box 1140	
CITY-ST-ZIP	ROGERS AK 72757		CITY-ST-ZIP	Rogers, AK 72757	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIVINCENTI, ANTHONY		NAME		
STREET ADDRESS	126 SOUTHERN STAR		STREET ADDRESS		
CITY-ST-ZIP	SLIDELL LA 70458		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	D Williamson, Dale	
STREET ADDRESS			STREET ADDRESS	52 Lakeshore Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Marietta, GA 30067	
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 another like empowered.					
SIGNATURE: P.R. DiVincenti		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/13/04 Daytime Phone # (850) 654-1425	