

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90183 013 ****61.25

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



Principal Place of Business Mailing Address
 1002 HIGHWAY 98 E. 1002 HIGHWAY 98 E.
 DESTIN FL 32541 DESTIN FL 32541
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3419360 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
HATTEN, WANDA J
1002 HIGHWAY 98 E.
DESTIN FL 32541

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMSON, DALE	
STREET ADDRESS	3295 TIMBERLOCH DR	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIVINCENTI, PHIL	
STREET ADDRESS	13707 DAMON DR.	
CITY-ST-ZIP	BATON ROUGE LA 70816	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKWELL, TERRY	
STREET ADDRESS	4839 SABLE RIDGE CT	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYERS, MARK	
STREET ADDRESS	P O BOX 1140	
CITY-ST-ZIP	ROGERS AK 72757	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIVINCENTI, ANTHONY	
STREET ADDRESS	126 SOUTHERN STAR	
CITY-ST-ZIP	SLIDELL LA 70458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Dale	
STREET ADDRESS	3295 Timberloch Dr	
CITY-ST-ZIP	Marietta, GA 30068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myers, Mark	
STREET ADDRESS	P O Box 1140	
CITY-ST-ZIP	Rogers, AR 72757	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Vice-President 3/26/07 (850) 654-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #