2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700000065

1. Entity Name

PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91368 018 ****61.25

Principal Plac	ce of Business	Mailing Address							
1002 HIGHWAY 98 E. DESTIN FL 32541		1002 HIGHWAY 98 E. DESTIN FL 32541				,			
US .		US		* %	-	1 (40)	FI INDE NEBILI NAMA COMA PAR	n eðin aðni aðina í	ITADA DIIN H ii
2. Principal F	Place of Business	3 Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3419360			pplied For ot Applicable	
Zip	Country	Zip	intry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent				7. Name and Addr	ess of New Register	ed Agent	
				Name	· 	ಆರ್ಥಾಣ : ಇಗ್ರೆ	المصايد يراسي		
	ID, MARY ANN		_			O. Box Number is N			
	GHWAY 98 E.								
DESTIN	rt 32941								
				City			F	Zip Cod	ie
	named entity submits this statement for	or the purpose of changing	its register	ed office or r	registered	d agent, or both, in t	ne State of Florida. Ta	am familiar with,	and accept
the obliga	tions of registered agent.								
									,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (Ni	OTE: Senistera	d Agent signatur	re required w	han rainstation)	DAT	re .	
	Organization, typed or printed fiants or registered again.	ана ше в аррпсарть. (ге	OTE. Negistere	a Agent signatur	B requiled W	neri reiristating)	DAI		
4	i e	9 Floation C	omnaian =	Inanaina			Maka Ch	nak Davahla	
	FILE NOW: FEE IS \$61.25	9. Election C Trust Fund			55.00 May Be		eck Payable partment of		
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10.	OFFICERS AND DII	RECTORS	11.				S TO OFFICERS AND	DIRECTORS IN	N 10
TITLE	D	☐ Delete	TITLE		VPL)	•	Change	Addition
NAME	GODWIN, JACK		NAM	E				•	
STREET ADDRESS	865 THE MASTERS BLVD		STRE	ET ADDRESS					
CITY-ST-ZIP	SHALIMAR FL 32579		CITY	-ST-ZIP			<u> </u>		
TITLE	PD	☐ Delete	TITLE					Change	Addition
NAME	DIVINCENTI, PHIL		NAM						
STREET ADDRESS	13707 DAMON DR.			ET ADDRESS					}
CITY-ST-ZIP	BATON ROUGE LA 70816	·		-ST-ZIP	/ 1				
TITLE	S/TD	💢 Delete	TITLE		SITU	HUHO		Change	Addition
NAME CTREET ADDRESS	KANADAY, THOMAS : 3517 WOODMONT BLVD.		- NAM	ET ADDRECC	30.	QAX 2528	ستومغتمين وكك الكثافيجي سعا	سمكن غايد	
STREET ADDRESS CITY-ST-ZIP	NASHVILLE TN 37215		SIRE	-ST-ZIP	D.	ma City, F	1 371149		
	VPD	Пъ			D	74 C117 . 1	· 5~40L	Channe	
TITLE NAME	MYERS, MARK	☐ Delete	TITLE NAMI					Change	☐ Addition
STREET ADDRESS	P.O. BOX 1140			ET ADDRESS					
CITY-ST-ZIP	ROGERS AK 72757			ST-ZIP					
TITLE	D	— □ Delete	TITLE					☐ Change	Addition
NAME	DIVINCENTI, ANTHONY	_ Delete	NAMI					change	
STREET ADDRESS	126 SOUTHERN STAR		STRE	ET ADDRESS					1
CITY-ST-ZIP	SLIDELL LA 70458		CITY-	-ST-ZIP					}
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						_
STREET ADDRESS			STRE	ET ADDRESS			±		1
CITY-ST-ZIP			CITY-	ST-ZIP			an in the second		
12. I hereby o	certify that the information supplied with	this fiting does not qualify t	for the exer	notion state	d in Sect	ion 119.07(3)(i). Flor	ida Statutes. I further	certify that the i	nformation

2. I hereby certify that the information supplied with this ting 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 rulatee 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:

4/22/03 2

225-753-5710