

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90084 040 ****61.25

DOCUMENT # N97000005382

1. Entity Name
PELICAN COVE OWNERS ASSOCIATION, INC.



Principal Place of Business
**2390 PLACID DRIVE
FT WALTON BEACH, FL 32547 US**

Mailing Address
**PO BOX 4045
SHALIMAR, FL 32579 US**

40031811



02212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3511832

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FINN, JAMES T
2390 PLACID DRIVE
FT WALTON BEACH, FL 32547**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **DP** ☒ Delete
NAME **BATTLE, GLORIA H**
STREET ADDRESS **2392 PLACID DRIVE**
CITY-ST-ZIP **FT WALTON BEACH, FL 32547**

TITLE **DV** ☒ Delete
NAME **FINN, JAMES T**
STREET ADDRESS **2393 PLACID DRIVE**
CITY-ST-ZIP **FT WALTON BEACH, FL 32547**

TITLE **DTS** ☒ Delete
NAME **HENRY, DEBORAH L**
STREET ADDRESS **2388 PLACID DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **FINN, JAMES T**
STREET ADDRESS **2393 PLACID DRIVE**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **DV** ☒ Change ☒ Addition
NAME **HENRY, JAMES M**
STREET ADDRESS **2388 PLACID DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **DTS** ☐ Change ☒ Addition
NAME **GARRETT, PAMELA M**
STREET ADDRESS **2381 PLACID DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *James Finn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05
Date

850-314-0758
Daytime Phone #