


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90329 012 \*\*\*\*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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3511832	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 HENRY, JAMES	
				Street Address (P.O. Box Number is Not Acceptable)	
				2388 PLACID DRIVE	
				City FT WALTON BEACH FL Zip Code 32547	
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 <i>James Henry James Henry</i>				DATE 4-23-08	
Filing Fee is \$61.25 Due by May 1, 2008				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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY, JAMES	NAME			
STREET ADDRESS	2388 PLACID DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONS, DAVE	NAME			
STREET ADDRESS	2399 PLACID DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	DTS <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHEDISTER, JILL E	NAME	DTS ELLISON, MAJOR		
STREET ADDRESS	623 CAMBORNE AVE	STREET ADDRESS	2389 PLACID DRIVE		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP	FT WALTON BEACH, FL 32547		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>James Henry James Henry</i>				DATE 4-23-08 850-543-3778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	