2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005382

City-St-Zip:

FORT WALTON BEACH, FL 32547

FILED Mar 24, 2009 Secretary of State

Entity Name: PELICAN COVE OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2390 PLACID DRIVE FT WALTON BEACH, FL 32547 US **Current Mailing Address: New Mailing Address:** PO BOX 4045 SHALIMAR, FL 32579 US FEI Number: 59-3511832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAMES, HENRY 2388 PLACID DRIVE FORT WALTON BEACH, FL 32547 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete HENRY, JAMES Name: Name: Address: 2388 PLACID DRIVE Address: City-St-Zip: FT WALTON BEACH, FL 32547 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SIMMONS, DAVE Name: Address: 2399 PLACID DRIVE Address: City-St-Zip: FT WALTON BEACH, FL 32547 City-St-Zip: Title: DTS () Delete Title: () Change () Addition ELLISON, MAJOR Name: Name: 2389 PLACID DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MAJOR ELLISON DTS 03/24/2009