

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

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90134 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3511832**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP BATTLE, GLORIA H	<input type="checkbox"/> Delete
STREET ADDRESS	2392 PLACID DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE NAME	DV CHYREK, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	2393 PLACID DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE NAME	DTS HENRY, DEBORAH L	<input type="checkbox"/> Delete
STREET ADDRESS	2388 PLACID DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: GLORIA H. BATTLE 2/26/03 850-864-3148

CR2E037 (10/02)