

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768330

**Entity Name:** PELICAN COVE TOWNHOUSE ASSOCIATION OF PERDIDO KEY, INC.

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**1400276949CC**

**Current Principal Place of Business:**

7196 SHARP REEF  
PENSACOLA, FL 32507

**Current Mailing Address:**

7196 SHARP REEF  
#5  
PENSACOLA, FL 32507 US

**FEI Number: 59-2871082**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FORD, JAMES S  
7196 SHARP REEF  
#5  
PENSACOLA, FL 32507 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

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           FORD, JAMES S  
Address        7196 SHARP REEF ROAD #5  
City-State-Zip: PENSACOLA FL 32507

Title           DIRECTOR  
Name           BLAKE , JARROD  
Address        7196 SHARP REEF ROAD #2  
City-State-Zip: PENSACOLA FL 32507

Title           DIRECTOR  
Name           WILLIAMS, JASON  
Address        7196 SHARP REEF #4  
City-State-Zip: PENSACOLA FL 32507

Title           DIRECTOR  
Name           SMITH, PARRISH  
Address        7196 SHARP REEF #3  
City-State-Zip: PENSACOLA FL 32507

Title           DIRECTOR  
Name           FOWLER, KATRINA  
Address        229 NEWBERRY STREET  
City-State-Zip: CANTONMENT FL 32533

*I hereby 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 all other like empowered.*

**SIGNATURE: JAMES S. FORD**

**DIRECTOR**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date