Current Pri 2381 PLACID I	ncipal Place of Business: DRIV EACH, FL 32547		54344	27368CC
Current Ma	iling Address:			
PO BOX 40 SHALIMAR,	45 FL 32579 US			
FEI Number: 59-3511832		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:			
MAST, AMY L 2381 PLACID I	DRIVE			
	N BEACH, FL 32547 US			
FORT WALTO	N BEACH, FL 32547 US d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of	Florida.
FORT WALTO		istered office or regis	tered agent, or both, in the State of	Florida. 02/20/2020
FORT WALTO	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of	
FORT WALTO The above name SIGNATUR	d entity submits this statement for the purpose of changing its reg E: AMY L MAST	istered office or regis	tered agent, or both, in the State of	02/20/2020
FORT WALTO The above name SIGNATUR	d entity submits this statement for the purpose of changing its reg E: AMY L MAST Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of	02/20/2020
FORT WALTO The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its reg E: AMY L MAST Electronic Signature of Registered Agent ector Detail :			02/20/2020
FORT WALTO The above name SIGNATUR Officer/Dire Title	d entity submits this statement for the purpose of changing its reg E: AMY L MAST Electronic Signature of Registered Agent ector Detail : PRESIDENT	Title	VP	02/20/2020
FORT WALTO The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its reg E: AMY L MAST Electronic Signature of Registered Agent ector Detail : PRESIDENT TAYLOR, KEVIN PO BOX 4045	Title Name Address	VP FULLER, LAWRENCE	02/20/2020
FORT WALTO The above name SIGNATUR Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its reg E: AMY L MAST Electronic Signature of Registered Agent ector Detail : PRESIDENT TAYLOR, KEVIN PO BOX 4045	Title Name Address	VP FULLER, LAWRENCE PO BOX 4045	02/20/2020
FORT WALTO The above name SIGNATUR Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its reg E: AMY L MAST Electronic Signature of Registered Agent <b>ector Detail :</b> PRESIDENT TAYLOR, KEVIN PO BOX 4045 SHALIMAR FL 32579	Title Name Address	VP FULLER, LAWRENCE PO BOX 4045	02/20/2020

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PELICAN COVE OWNERS ASSOCIATION, INC.

City-State-Zip: FT WALTON BEACH FL 32547

DOCUMENT# N97000005382

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: AMY L MAST

SECRETARY/TREASURER 02/20/2020

Electronic Signature of Signing Officer/Director Detail

FILED Feb 20, 2020

**Secretary of State**