I hereby certify that the information indicated on this report or supplemental report is true and a oath; that I am an officer or director of the corporation or the receiver or trustee empowered to a above, or on an attachment with all other like empowered.		
SIGNATURE: AMY L. MAST	DTS	02/06/2014

SIGNATURE: AMY L. MAST

City-State-Zip: FT WALTON BEACH FL 32547

Electronic Signature of Signing Officer/Director Detail

С

SIGNATURE:

Officer/Director Detail :				
Title	DP	Title	DV	
Name	HENRY, JAMES	Name	BATTLE, GLORIA	
Address	2388 PLACID DRIVE	Address	2392 PLACID DRIVE	
City-State-Zip:	FT WALTON BEACH FL 32547	City-State-Zip:	FT WALTON BEACH FL 32547	
Title	DTS			
Name	MAST, AMY L			
Address	2381 PLACID DRIV			

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.

FT WALTON BEACH, FL 32547

Current Principal Place of Business:

Current Mailing Address:

2381 PLACID DRIV

DOCUMENT# N9700005382

PO BOX 4045 SHALIMAR, FL 32579 US

FEI Number: 59-3511832

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

HENRY, JAMES 2388 PLACID DRIVE FORT WALTON BEACH FL 32547 US

Entity Name: PELICAN COVE OWNERS ASSOCIATION, INC.

FILED Feb 06, 2014 Secretary of State CC8352344942

Certificate of Status Desired: No

Date

Date