Entity Name: PELICAN COVE OWNERS ASSOCIATION, INC.		Secretary of State CC0339925212		
Current Pri	ncipal Place of Business:		している。	59923212
2381 PLACID [•			
FT WALTON B	EACH, FL 32547			
Current Ma	iling Address:			
	•			
PO BOX 40	45 FL 32579 US			
SHALIWAR,	12 32379 00			
FEI Number: 59-3511832 Certificate of S			Certificate of Status De	esired: No
Name and A	Address of Current Registered Agent:			
LAUNCH, SAN 2395 PLACID [DRIVE			
FORT WALTO	N BEACH, FL 32547 US			
	N BEACH, FL 32547 US d entity submits this statement for the purpose of changing its regi	istered office or regis	tered agent, or both, in the State of	Florida.
The above name		istered office or regis	tered agent, or both, in the State of	Florida. 01/17/2018
The above name	d entity submits this statement for the purpose of changing its regi	istered office or regis	tered agent, or both, in the State of	
The above name SIGNATURI	d entity submits this statement for the purpose of changing its regine its regine its statement for the purpose of changing its regine its regineration of the statement of the purpose of changing its regineration of the purpose of	istered office or regis	tered agent, or both, in the State of	01/17/2018
The above name SIGNATURI	d entity submits this statement for the purpose of changing its regi E: SANDRA J LAUNCH Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of	01/17/2018
The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regineration of the statement for the purpose of changing its regineration of the statement of			01/17/2018
The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its regises: SANDRA J LAUNCH Electronic Signature of Registered Agent Ctor Detail : DP	Title	DV	01/17/2018
The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its register: SANDRA J LAUNCH Electronic Signature of Registered Agent Ctor Detail : DP LAUNCH, SANDRA J PO BOX 4045	Title Name	DV BATTLE, GLORIA PO BOX 4045	01/17/2018
The above name SIGNATURI Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its register: SANDRA J LAUNCH Electronic Signature of Registered Agent Ctor Detail : DP LAUNCH, SANDRA J PO BOX 4045	Title Name Address	DV BATTLE, GLORIA PO BOX 4045	01/17/2018
The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its register SANDRA J LAUNCH Electronic Signature of Registered Agent Ctor Detail : DP LAUNCH, SANDRA J PO BOX 4045 SHALIMAR FL 32579	Title Name Address	DV BATTLE, GLORIA PO BOX 4045	01/17/2018
The above name SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its regi E: SANDRA J LAUNCH Electronic Signature of Registered Agent Actor Detail : DP LAUNCH, SANDRA J PO BOX 4045 SHALIMAR FL 32579 DTS	Title Name Address	DV BATTLE, GLORIA PO BOX 4045	01/17/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700005382

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 01/17/2018

Electronic Signature of Signing Officer/Director Detail

FILED Jan 17, 2018

Secretary of State