## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997	No.	DIVISION OF CORPORATIONS				Scoretai	y OI	State
DOCUI 1. Corporation	MENT # 7	64142	((	6)					
PELICA	N'S ROOST HO	ME OWNERS	S ASSOCIATIO	ON, INC.					
Principal Place	e of Business	77171	Mailing Addre	ss		,	-	F ANADI DIQIT BYOY DI	
5623 WEST HM	/Y 98	1210 W. BEACH DRIVE							
Panama City Beach FL 32401 US			PANAMA CITY FL 32401-2117 US						
							3. Date Incorporated or Qualified 07/13/1982	3a. Date of Le 05/01/	
— ·	lace of Business		2a, Mailing Ad	dress			4. FEI Number 59-2908313	-	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				\$8.°	75 Additional
22			27			···-	5. Certificate of Status Desired		e Required
City & State	e		City & State	Ð			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
<b>23</b>   Ζιρ	Cou	ntry	Zip		Country		This corporation has liability for let		
24	25		29	30	0		Florida Statutes	Yes No	
	9. Name and Add	dress of Current	Registered Agen	<u> </u>	81	Name	10. Name and Address of New Reg	latered Agent	
WILLIAMS	S, JACK G				82		dress (P.O. Box Number is Not Acceptable	(a)	···
	MON AVE.		•			uress (F.O. box Nulliber is Not Acceptable	· · · · · · · · · · · · · · · · · · ·		
PANAMA	CITY FL 32401				83				
					84	City		FL 85	Zip Code
11. Pursuant	to the provisions of S	ections 617.0502	and 617.1508, Flo	rida Statutes,	the above	-named co	rporation submits this statement for the pation's board of directors. I hereby accep		ing its registered
agent I a	egistered agent, or b i <del>m fem</del> iliar with, and a	oin, in the State of	tions of, Section 61	ange was aut 7.0503, Florid	norized by da Statute:	r the corpora s.	ation's board or directors, I hereby accep	t the appointmen	it as registered
SIGNATURE	Signature, typed or printed n		2005	(NOTE: E	colstered Acu	unt einnehure reco	uired when reinstating)	4194	(5:1
12.	Signature, typed or printed t	OFFICERS AND		(HOTE H	13.	in signature req	ADDITIONS/CHANGES TO OFFIC	P-110	TORS IN 12
TITLE	STD	A B 45		DELETE	1.1 TITLE	-		Cha	inge 🔲 Addition
NAME STREET ADDRESS	LEWIS, CHARLE 1210 WEST BEA				1.2 NAME 1.3 STREET	ADDRESS		•	
CITY - ST - ZIP	PANAMA CITY F			'	1.4 CITY-S				
TITLE	D			DELETE	2.1 TITLE			☐ Cha	inge 🔲 Addition
NAME	LEWIS, PATRICE				2.2 NAME	İ			
STREET ADDRESS	1210 WEST BEA PANAMA CITY F				23 STREET				
CITY-ST-ZIP TITLE	PD PD	<u> </u>		DELETE	2.4 C/TY-: 3.1 TITLE	51-21		Cha	inge
NAME	LEWIS JR., CHA	RLES P.			3.2 NAME	İ			
STREET ADDRESS	1210 WEST BEA				3.3 STREET	ADDRESS			
CITY-ST-ZIP	PANAMA CITY F	<u>L</u>		DELETE	3.4. CITY-:	ST-ZIP		☐ Cha	ange Addition
TITLE NAME	VPTD Lewis, patrice	s		DECETE	4.2 NAME				arige E reconton
STREET ADDRESS	1210 W. BEACH				4.3 STREET	ADDRESS			
CHY-ST-ZIP	PANAMA CITY F	L			4.4 CITY-S	T-ZIP			
TITLE			L	DELETE	6.1 TITLE			☐ Cha	ange
NAME STORES ANNHERS					5,2 NAME 5,3 STREET	Anneced			
STREET ADDRESS CITY-ST-ZIP					5.4 CITY-S				
TITLE				DELETE	6.1 TITLE			☐ Cha	ange Addition
NAME					6.2 NAME	Ì			
STREET ADDRESS					63 STREET	1			
CITY-ST-ZIP					64 CHY-5	T-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 3 if changed, or on any attachment with an address.

**SIGNATURE** 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Lewis?

7/24/49

**FILED** 

May 13 1997 8:00am

Secretary of State

Daytime Phone # 0000418