

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# 764142

Entity Name: PELICAN'S ROOST HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

15623 WEST HWY 98
PANAMA CITY BEACH, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

1210 W. BEACH DRIVE
PANAMA CITY, FL 32401 US

New Mailing Address:

P.O. BOX 235000
MONGTOMERY, AL 36123 US

FEI Number: 59-2908313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JACK G
502 HARMON AVE.
PANAMA CITY, FL 32401

Name and Address of New Registered Agent:

HUGHES, JAMES R ESQ.
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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: JAMES R. HUGHES, ESQ. 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: LEWIS, CHARLES P., J, R
Address: 1210 WEST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL

Title: D () Delete
Name: LEWIS, PATRICE S,
Address: 1210 WEST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL

Title: PD () Delete
Name: LEWIS JR., CHARLES P.
Address: 1210 WEST BEACH DRIVE
City-St-Zip: PANAMA CITY, FL

Title: VPTD (X) Delete
Name: LEWIS, PATRICE S.
Address: 1210 W. BEACH DRIVE
City-St-Zip: PANAMA CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOMPKINS, STEVE
Address: P.O. BOX 235000
City-St-Zip: MONTGOMERY, AL 36123 US

Title: D (X) Change () Addition
Name: AUTREY, JENNIFER P
Address: P.O. BOX 235000
City-St-Zip: MONTGOMERY, AL 36123 US

Title: D (X) Change () Addition
Name: IVES, JENNY
Address: P.O. BOX 235000
City-St-Zip: MONTGOMERY, AL 36123 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVE TOMPKINS D 04/30/2004

Electronic Signature of Signing Officer or Director Date