


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 764142</b> 1. Entity Name <b>PELICAN'S ROOST HOME OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>15623 WEST HWY 98 PANAMA CITY BEACH, FL 32401 US</b>	Mailing Address <b>P.O. BOX 235000 MONTGOMERY, AL 36123 US</b>
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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2908313</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>HUGHES, JAMES R ESQ. 220 MCKENZIE AVENUE PANAMA CITY, FL 32401</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000351120  
05/02/05-80133-002 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D TOMPKINS, STEVE P.O. BOX 235000 MONTGOMERY, AL 36123</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D AUTREY, JENNIFER P P.O. BOX 235000 MONTGOMERY, AL 36123</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D IVES, JENNY P.O. BOX 235000 MONTGOMERY, AL 36123</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/05 334-277-1000**  
Date Daytime Phone #