

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 768330

1. Entity Name
**PELICAN COVE TOWNHOUSE ASSOCIATION OF
PERDIDO KEY, INC.**



Principal Place of Business
**7196 SHARP REEF
PENSACOLA, FL 32507 US**

Mailing Address
**7196 SHARP REEF
PENSACOLA, FL 32507 US**



03142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2871082 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORD, JAMES S
7196 SHARP REEF #5
PENSACOLA, FL 32507**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**U00000472533
03/29/06-80048-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FORD, JAMES S 7196 SHARP REEF ROAD #5 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BLAKE, OWEN 7196 SHARP REEF ROAD #2 PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILLIAMS, GARY 7196 SHARP REEF #4 PENSACOLA, FL 32507
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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James S. Ford, president 3/15/06 (850) 438-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #