2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 768432

1. Entity Name
PELICAN POINT OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1090 LANGLEY AVENUE PENSACOLA, FL 32504	1090 LANGLEY AVENUE PENSACOLA, FL 32504

DO NOT WRITE IN THIS SPACE

02202008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0193920
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BESCH, PEGGY ANN
1090 LANGLEY AVENUE
PENSACOLA, FL 32504

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000840639
03/06/08-80055-013 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HESTER, KEN
STREET ADDRESS	P O BOX 34320
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	MCLEOD, EVELYN
STREET ADDRESS	6700 PENTON STREET
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	WILSON, GLEN
STREET ADDRESS	1363 LUCERNE DRIVE
CITY-ST-ZIP	MOBILE, AL
TITLE	BM
NAME	ANDREASEN, MARTY
STREET ADDRESS	9444 SOLDIER CREEK RD.
CITY-ST-ZIP	LILLIAN, AL 36549
TITLE	BM
NAME	WELCH, JOHN T
STREET ADDRESS	5636 TREVINO DR.
CITY-ST-ZIP	MILTON, FL 32570
TITLE	MGR
NAME	BESCH, PEGGY
STREET ADDRESS	1090 LANGLEY AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32504

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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: Peggy A. Besch 20 Feb 2008 850-288-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #