

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769563 (8)

1. Corporation Name

PELICAN WALK OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6905 THOMAS DR
PANAMA CITY BCH. FL 32408-6164

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PANAMA CITY BCH. FL 32408-6164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1983

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2294360

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.022,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKEY, EDWARD F. J
8224 W. HWY 98-A
PANAMA CITY FL 32407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of Agent, Registered Office, Registered Agent and Director (if applicable)

Signature of Registered Agent (if applicable) and Director (if applicable)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2
12.1 NAME	D BRUNO, VINCE
12.2 STREET ADDRESS	2854 SHOOK HILL CIR.
12.3 CITY, ST, ZIP	BIRMINGHAM AL
12.1 NAME	P YOUNG, WILLIAM
12.2 STREET ADDRESS	111 SUNSET CT.
12.3 CITY, ST, ZIP	CARROLLTON GA
12.1 NAME	ST GRIFFIN, BRYON
12.2 STREET ADDRESS	105 EMERALD LAKE DR.
12.3 CITY, ST, ZIP	DOTHAN AL
12.1 NAME	D HICKEY, EDWARD F.
12.2 STREET ADDRESS	8224 BACK BEACH RD.
12.3 CITY, ST, ZIP	PANAMA CITY FL
12.1 NAME	D WALLACE, TERRY
12.2 STREET ADDRESS	P. O. BOX 1528 N/A
12.3 CITY, ST, ZIP	DOTHAN AL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY

13.1	13.2
13.1 NAME	
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.1 NAME	
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.1 NAME	
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.1 NAME	
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.1 NAME	
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 149.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or have been empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward F. Hickey, Jr.

7/17/95

(904)
234-5564