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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769563**

1. Corporation Name
PELICAN WALK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6905 THOMAS DR PANAMA CITY BCH. FL 32408-6164	6905 THOMAS DR PANAMA CITY BCH. FL 32408-6164

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/26/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2294360 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	GLOVER, BRIAN		1.2 NAME	Bill Gibson	
STREET ADDRESS	2910 FOOTHILL TR		1.3 STREET ADDRESS	516 Ashley Way	
CITY-ST-ZIP	MARIETTA GA 30066		1.4 CITY-ST-ZIP	Peachtree City, GA 30269	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, JEANNIE		2.2 NAME		
STREET ADDRESS	602 CORANADA DR SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	DECATUR AL 35601		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HICKEY, EDWARD F		3.2 NAME		
STREET ADDRESS	8224 BACK BEACH RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, A J		4.2 NAME		
STREET ADDRESS	1818 SLADE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA 31901		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHASTAIN, JACK		5.2 NAME		
STREET ADDRESS	7 ASHLEY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCHELLE GA 31079		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian J. Glover SIGNATURE REQUIRED Brian Glover VPD 04/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #