

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 12, 2001 8:00 am
Secretary of State

03-30-2001 90325 046 ****61.25

DOCUMENT # 769563

1. Entity Name

PELICAN WALK OWNERS ASSOCIATION, INC.

Principal Place of Business

6905 THOMAS DR
PANAMA CITY BCH. FL 32408-6164

Mailing Address

6905 THOMAS DR
PANAMA CITY BCH. FL 32408-6164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2294360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANZEN, JACK
4708 BAYWOOD DR
LYNN HAVEN FL 32444

Name

Brian D. Hess

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

9108 Front Beach Road

Panama City Beach

City

Panama City Beach

FL

Zip Code
32407

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☒ Delete
NAME	FRANZEN, JACK	
STREET ADDRESS	4708 BAYWOOD DR	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	D	☐ Delete
NAME	GLOVER, BRIAN	
STREET ADDRESS	2910 FOOTHILL TRAIL	
CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	STD	☐ Delete
NAME	VOEKL, MICHELLE	
STREET ADDRESS	6905 THOMAS DR #607	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	PD	☐ Delete
NAME	TEHAN, JOHN	
STREET ADDRESS	3601 PITCHIN RD	
CITY-ST-ZIP	SPRINGFIELD OH 45502	
TITLE	D	☒ Delete
NAME	GIBSON, BILL	
STREET ADDRESS	516 ASHLEY WAY	
CITY-ST-ZIP	PEACHTREE CITY GA 30269	
TITLE	VPD	☒ Delete
NAME	FARR, JOHN	
STREET ADDRESS	1020 BROOKHOLLOW RD	
CITY-ST-ZIP	ANDERSON SC 29621	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Charles Vaughan C (Director)	☐ Change ☒ Addition
NAME	4996 Paradise Lake Circle	
STREET ADDRESS	Hoover, AL 35244	
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	Ward Edwards	
STREET ADDRESS	P. O. Box 2160	
CITY-ST-ZIP	Butler, GA 31006-2160	
TITLE	Director	☐ Change ☒ Addition
NAME	Chris McDonald	
STREET ADDRESS	P. O. Box 670	
CITY-ST-ZIP	Loganville, GA 30052	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	Sandy Milcher	
STREET ADDRESS	3332 Cobblers Court	
CITY-ST-ZIP	New Albany, IN 47150	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

850-230-1170

Date

Daytime Phone #

CR2E037 (10/00)