2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90371 021 ****61.25

DOCUMENT # 769563

1. Entity 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

DO NOT WRITE IN THIS SPACE

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

HESS, BRIAN D
9108 FRONT BEACH RD
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 Brian Hess
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHAN, CHARLES 4996 PARADISE LAKE CIRCLE HOOVER AL 35244	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D mc Donald, Chris P.O. Box 670 Loganville. Ga. 30052 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLOVER, BRIAN 2910 FOOTHILL TRAIL MARIETTA GA 30066	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Hickey, Edward 6905 Thomas D. Panama City Bch. FL 32408 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VOEKL, MICHELLE 6905 THOMAS DR #607 PANAMA CITY BEACH FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TEHAN, JOHN 3601 PITCHIN RD SPRINGFIELD OH 45502	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. P.D. Gibson, Bill 516 Ashley Way Peachtree, Ga 30269 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, WARD PO BOX 2160 BUTLER GA 31006-2160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILCHER, SANDY 3332 COBBLERS COURT NEW ALBANY IN 47150	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D mc Donald, Bob 1-1780 Northgate Tr. Roswell, Ga. 30075 — ☐ Change ☑ Addition

CR2E037 (9/01)

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 REQUIRED 4/29/02 850-233-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #