2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# 769563

Entity Name: PELICAN WALK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6905 THOMAS DR
PANAMA CITY BCH., FL 324086164

New Principal Place of Business:

Current Mailing Address:

6905 THOMAS DR
PANAMA CITY BCH., FL 324086164

New Mailing Address:

FEI Number: 59-2294360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	WEIMER, ALAN	
Address:	59 SEMINOLE TR. S.W.	
City-St-Zip:	CARTERSVILLE, GA 30120	
Title:	D	( ) Delete
Name:	HICKEY, EDWARD	
Address:	6905 THOMAS D	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	D	( ) Delete
Name:	SCHENCK, PHIL	
Address:	114 PALM CROSSING BLVD.	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	PD	( ) Delete
Name:	GIBSON, BILL	
Address:	516 ASHLEY WAY	
City-St-Zip:	PEACHTREE CITY, GA 30269	
Title:	D	( ) Delete
Name:	EDWARDS, WARD	
Address:	PO BOX 2160	
City-St-Zip:	BUTLER, GA 310062160	
Title:	D	( ) Delete
Name:	MCDONALD, BOB	
Address:	1172 NORTHGATE TR	
City-St-Zip:	ROSWELL, GA 30075	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRES	(X) Change ( ) Addition
Name:	HICKEY, EDWARD	
Address:	6905 THOMAS D	
City-St-Zip:	PANAMA CITY, FL 32408	
Title:	D	(X) Change ( ) Addition
Name:	GRANT, JAMES	
Address:	107 AZALEA TERRACE	
City-St-Zip:	DOTHAN, AL 36303 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MCDONALD, CHRIS	
Address:	P O BOX 670	
City-St-Zip:	LOGANVILLE, GA 30052	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD HICKEY TRES 10/20/2004

Electronic Signature of Signing Officer or Director — Date