# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 15, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 769563

1. Entity Name
PELICAN WALK OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6905 THOMAS DR<br>PANAMA CITY BCH., FL 32408-6164 | 6905 THOMAS DR<br>PANAMA CITY BCH., FL 32408-6164 |

07132005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
***Due by September 7, 2005***

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | S |
| NAME | WEIMER, ALAN |
| STREET ADDRESS | 59 SEMINOLE TR. S.W. |
| CITY-ST-ZIP | CARTERSVILLE, GA 30120 |
| TITLE | TRES |
| NAME | HICKEY, EDWARD |
| STREET ADDRESS | 6905 THOMAS D |
| CITY-ST-ZIP | PANAMA CITY, FL 32408 |
| TITLE | D |
| NAME | GRANT, JAMES |
| STREET ADDRESS | 107 AZALEA TERRACE |
| CITY-ST-ZIP | DOTHAN, AL 36303 |
| TITLE | PD |
| NAME | GIBSON, BILL |
| STREET ADDRESS | 516 ASHLEY WAY |
| CITY-ST-ZIP | PEACHTREE CITY, GA 30269 |
| TITLE | D |
| NAME | EDWARDS, WARD |
| STREET ADDRESS | PO BOX 2160 |
| CITY-ST-ZIP | BUTLER, GA 310062160 |
| TITLE | D |
| NAME | MCDONALD, CHRIS |
| STREET ADDRESS | P O BOX 670 |
| CITY-ST-ZIP | LOGANVILLE, GA 30052 |

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07/15/05-80005-015 61.25

**DO NOT WRITE IN THIS SPACE**

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:** Edward T. Hickey 7/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #