2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90198 020 ****61.25

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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

01102006 Chg-NP CR2E037 (11/05)

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
HESS, BRIAN D 9108 FRONT BEACH RD PANAMA CITY BEACH, FL 32407	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. 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 May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEIMER, ALAN 59 SEMINOLE TR. S.W. CARTERSVILLE, GA 30120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - RALPH BOLTON P.O. BOX 375 PICKWICK DAM, TN 38365	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES HICKEY, EDWARD 6905 THOMAS D PANAMA CITY, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, JAMES 107 AZALEA TERRACE DOTHAN, AL 36303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GIBSON, BILL 516 ASHLEY WAY PEACHTREE CITY, GA 30269	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - RON ROGERS 6499 EDGEWATER COVE JONESBORO, GA 30236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDWARDS, WARD PO BOX 2160 BUTLER, GA 310062160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, CHRIS P O BOX 670 LOGANVILLE, GA 30052	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D - BOB CROSS 1727 TIMSON LANE BLOOMFIELD HILLS, MI 48302	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas J Pilk JAN 10, 2006 850 233-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #