


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90025 002 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2294360	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>TIMOTHY J. SLOAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>427 MCKENZIE AVENUE</u> City <u>PANAMA CITY</u> <u>FL</u> Zip Code <u>32401</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/5/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAN DANIEL 2700 TWIN LAKE DR BAINBRIDGE, GA 39819	
	Delete <input checked="" type="checkbox"/>			Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HICKEY, EDWARD 6905 THOMAS D PANAMA CITY, FL 32408		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, JAMES 107 AZALEA TERRACE DOTHAN, AL 36303		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTON, RALPH P O BOX 375 PICKWICK DAM, TN 38365		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, WARD PO BOX 2160 BUTLER, GA 310062160		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, RON 8999 EDGEWATER LN JONESBORO, GA 30236		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/7/08</u> <small>Date Daytime Phone #</small>		

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