2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007782

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FORT WALTON BEACH, FL 32548

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WILDWERMAN, FRANK

670 NAUTILUS CT, # 601

FILED Jan 06, 2009 Secretary of State

Entity Name: PELICAN ISLE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 866 SANTA ROSA BLVD 43 MIRACLE STRIP PKWY SW FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 43 MIRACLE STRIP PKWY SW 866 SANTA ROSA BLVD FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 FEI Number: 04-3720110 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILDWERMAN, FRANK JR BROOKS AND SHOREY RESORTS 43 MIRACLE STRIP PKWY SW 670 NAUTILUS COURT UNIT # 601 FORT WALTON BEACH, FL 32548 US FORT WALTON BEACH, FL 32548 US 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: RON SHOREY 01/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition O'CONNOR, DAWN O'CONNOR, DAWN Name: Name: 3541 BUCKHORN DRIVE Address: 3541 BUCKHORN DRIVE Address: City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: CRESTVIEW, FL 32539 Title: DV () Delete Title: () Change () Addition RANDALL, HUGH Name: Name: Address: 131 ARLENE LANE Address: City-St-Zip: WALNUT CREEK, CA 94595 City-St-Zip: Title: () Delete Title: (X) Change () Addition GREEN, JAMES MCCOMBS, DAVID Name: Name: Address: 1150 TAYLOR ROAD Address: 4038 INDIAN TRAIL City-St-Zip: BRIGHTON, MI 48114 City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

DS

MCCANN, HOLLY

BOYER, LYNN

133 AMESBURY ROAD

KENSINGTON, NH 03833

9510 WINWOOD POINT

CENTERVILLE, OH 45458

SIGNATURE: RON SHOREY MNG 01/06/2009

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