


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000011116

1. Entity Name
**PELICAN'S PERCH TOWNHOMES OWNERS
 ASSOCIATION, INC.**



Principal Place of Business
 500-512 DEMENT CIRCLE
 PANAMA CITY BEACH, FL 32408

Mailing Address
 500-512 DEMENT CIRCLE
 PANAMA CITY BEACH, FL 32408

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
1635 Western Avenue

Suite, Apt. #, etc.

City & State
Knoxville, TN

City & State
Knoxville, TN


Zip
37921

Country
USA

FILED

07 JUN -5 PM 2:33

OFFICE OF STATE



REINSTATEMENT 2E099 (1/07)

4. FEI Number
20-3425594

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LATIMER, ROBERT
 1026 BARRACUDA DRIVE
 PANAMA CITY BEACH, FL 32408

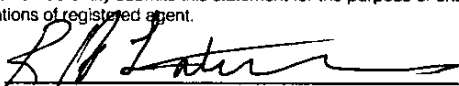
7. Name and Address of New Registered Agent

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 **5-29-07**

(NOTE: Registered Agent signature required when reinstating)

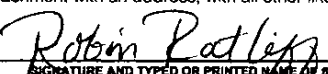
FILE NOW!!! FEE IS \$297.50

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert Latimer 1026 Barracuda Dr. Panama City Beach, FL 32408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Raja Jubran 1635 Western Ave Knoxville, TN 37921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Robin Ratliff 1635 Western Ave Knoxville, TN 37921 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Ken Yates 112 Serenade Lane Panama City Beach, FL 32413 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900104257439 06/12/07--01019--004 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5/16/07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Robin Ratliff** DATE: **5-10-07** DAYTIME PHONE #: **865-637-1925**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR