2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05000011116

FILED

Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90025 034 ****61.25

1. Entity Nam PELICAN ASSOCIA	'S PERC	H TOWNHOMES IC.	OWNER	RS	Catal S							
Principal Place of Business 500-512 DEMENT CIRCLE PANAMA CITY BEACH, FL 32408			1635	Mailing Address 1635 WESTERN AVENUE KNOXVILLE, TN 37921								
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mail	ing Address		··· -						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03282008	Chg-NP	CR2E03	7 (12/06)			
City & State		City & State				4. FEI Number 20-3425			_ 	pplied For ot Applicable		
Zip	Zip Country		Zip	Zip Co		у	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						
LATIMED	POREDT					Name						
LATIMER, ROBERT 1026 BARRACUDA DRIVE PANAMA CITY BEACH, FL 32408					Ţ,	Street Address (P.O. Box Number is Not Acceptable)						
		.										
						City			FL	Zip Cod	te	
	tions of regist					office or registe	ered agent, or both	n, in the State of Fi		amiliar with,	, and accept	
	Signature, typeu	or printed name of registered ager	н апо пве в арр	icable. (NOTE:	:: Registered Ag	gent signature require	d when reinstating)		DATE			
	Filing Fe	re is \$61.25 May 1, 2008	п апо пре н арр	9. Election Carro Trust Fund C	npaign Fina	incing	\$5.00 May Be Added to Fees		DATE Make check rida Depart			
10.	Filing Fe	e is \$61.25		9. Election Cam	npaign Fina	incing	\$5.00 May Be	Flo	flake check rida Depart	ment of S	State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATIMER 1026 BAR PANAMA	e is \$61.25 May 1, 2008 OFFICERS AND D	PIRECTORS	9. Election Carr Trust Fund C	11. TITLE NAME STREET A CITY-ST-	ADDRESS	\$5.00 May Be Added to Fees	Flo	flake check rida Depart	RECTORS IN	State N 10 Addition	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.31-08