2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90019 032 ****61.25

DOCUMENT # N09973

1. Entity Name
PELICAN NEST HOMEOWNERS' ASSOCIATION, INC. OF SANTA ROSA

Principal Place of Business
1131 NESTLING CT
GULF BREEZE, FL 32563 US

Mailing Address
1131 NESTLING CT
GULF BREEZE, FL 32563 US

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

03252008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2871175 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

TRIVETT, LARRY
1140 NESTLING DRIVE
GULF BREEZE, FL 32563

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TRIVETT, LARRY	NAME	
STREET ADDRESS	1140 NESTLING DR	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	
TITLE	V ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	THOMAS, BOB	NAME	Patsy Cline
STREET ADDRESS	1133 NESTLING DR	STREET ADDRESS	1120 Nestling ct
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OLIVER, BARRELL	NAME	
STREET ADDRESS	1105 NESTLING CT	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	S ☐ Change ☒ Addition
NAME	WILKES, PENNY	NAME	Ina Dickerson
STREET ADDRESS	1108 NESTLING CT	STREET ADDRESS	1124 Nestling ct
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	D ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	MULLIGAN, MO	NAME	
STREET ADDRESS	1124 NESTLING DR	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4/10/08 850-932-4068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #