

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09973

FILED  
May 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1131 NESTLING CT  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1131 NESTLING CT  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 59-2871175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TRIVETT, LARRY  
1140 NESTLING DRIVE  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRIVETT, LARRY  
Address: 1140 NESTLING DR  
City-St-Zip: GULF BREEZE, FL 32563

Title: V ( ) Delete  
Name: PATSY, CLINE  
Address: 1120 NESTLING CT  
City-St-Zip: GULF BREEZE, FL 32563

Title: T ( ) Delete  
Name: OLIVER, BARRELL  
Address: 1105 NESTLING CT  
City-St-Zip: GULF BREEZE, FL 32563

Title: S (X) Delete  
Name: DICKERSON, INA  
Address: 1124 NESTLING CT  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LOWE, DEKE  
Address: 1138 NESTLING DR  
City-St-Zip: GULF BREEZE, FL 32563

Title: T (X) Change ( ) Addition  
Name: OLIVER, DARRELL  
Address: 1105 NESTLING CT  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LARRY TRIVETT

P

05/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date