

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90558 032 ****70.00

DOCUMENT # N96000005592					
1. Entity Name PELICAN PLACE OF DESTIN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2351 PELICAN PLACE WEST DESTIN, FL 32541			Mailing Address PO BOX 974 DESTIN, FL 32540		
2. Principal Place of Business 235 PELICAN PLACE WEST Suite, Apt. #, etc. OFFICE		3. Mailing Address P.O. BOX 843 Suite, Apt. #, etc.			
City & State DESTIN, FL		City & State DESTIN, FL		4. FEI Number 59-3378166 55-0858363	
Zip 32541		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHMIDT, BOB 833 KELL-AIRE DR DESTIN, FL 32541			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WALLACE, ANN 244 MATTIES WAY DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ANDREW CRANSTREE 235 PELICAN PLACE #3 EAST DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete THOMPSON, LEE ANNA 234 PELICAN PLACE #10W DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JIM O'BRIEN 235 PELICAN PLACE #6 EAST DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete SCHMIDT, ANNIE 234 PELICAN PLACE #3W DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MIKE KERR 235 PELICAN PLACE #41 EAST DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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 files empowered.					
SIGNATURE: _____ 4/126/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					