2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005592

FILED Mar 12, 2007 Secretary of State

Entity Name: PELICAN PLACE OF DESTIN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

235 PELICAN PLACE WEST DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

PO BOX 843 DESTIN, FL 32540

FEI Number: 55-0858363 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHMIDT, BOB

833 KELL-AIRE DR

DESTIN, FL 32541 US

BOSWELL, CHAD
235 PELICAN PLACE #8
DESTIN, FL 32541 US

DESTIN, FL 32541 US

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: CHAD C BOSWELL 03/12/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: CRABTREE, ANDREW Name: BOSWELL, CHAD C

 Name
 Boswell, Chab C

 Address:
 205 PELICAN PL
 Address:
 235 PELICAN PL #8

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: DV () Delete Title: VP (X) Change () Addition

 Name:
 O'BRIEN, JIM
 Name:
 FRESQUES, LINDSEY

 Address:
 235 PELICAN PLACE #6 EAST
 Address:
 235 PELICAN PLACE #19

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: TSD () Delete Title: TSD (X) Change () Addition

 Name:
 KIRK, MIKE
 Name:
 WRIGHT, ANGELA

 Address:
 235 PELICAN PLACE #4 EAST
 Address:
 235 PELICAN PLACE #2

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

Title: () Delete Title: DIR () Change (X) Addition

 Name:
 Name:
 LEWELLYN, MARK

 Address:
 Address:
 260 CHIPOLA COVE

 City-St-Zip:
 City-St-Zip:
 DESTIN, FL 32541

Title: () Delete Title: DIR () Change (X) Addition

 Name:
 Name:
 MEADOWS, LEANNA

 Address:
 Address:
 4310 BUENA VISTA STE #7

 City-St-Zip:
 City-St-Zip:
 DALLAS, TX 75205

I hereby certify that the information supplied with this filing does not qualify for the 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: CHAD C BOSWELL P 03/12/2007