


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 035 ****61.25

DOCUMENT # N96000005592 1. Entity Name PELICAN PLACE OF DESTIN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 235 PELICAN PLACE WEST DESTIN, FL 32541		Mailing Address PO BOX 843 P.O. Box 1666 DESTIN, FL 32540 Destin, FL <div style="text-align: right; font-size: 1.2em;">32540</div>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		4. FEI Number 55-0858363 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03242008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent BOSWELL, CHAD 235 PELICAN PLACE #8 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name Waverly Johnson Street Address (P.O. Box Number is Not Acceptable) 910 Airport Rd., Ste A-5 City Destin, FL Zip Code 32541	
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 <u><i>Waverly Johnson</i></u> DATE 3/24/08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P BOSWELL, CHAD C 235 PELICAN PL #8 DESTIN, FL 32541 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Woodall, Jennifer 234 Pelican Place, Unit 13-W Destin, FL 32541 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRESQUES, LINDSEY 235 PELICAN PLACE #19 DESTIN, FL 32541 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Swaim, Tony Rte 3, Box 13-2 Cleveland, OK 74020 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WRIGHT, ANGELA 235 PELICAN PLACE #2 DESTIN, FL 32541 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Coleman, Kelli 1100 Stonegate Drive #205 Auburn, AL 36832 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LEWELLYN, MARK 260 CHIPOLA COVE DESTIN, FL 32541 <div style="text-align: right;"><input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MEADOWS, LEANNA 4310 BUENA VISTA STE #7 DALLAS, TX 75205 <div style="text-align: right;"><input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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: <u><i>Chad C Boswell</i></u> 3/24/2008 850-255-8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					