

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005592

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

235 PELICAN PLACE WEST  
DESTIN, FL 32541

**New Principal Place of Business:**

910 AIRPORT ROAD  
SUITE A-5  
DESTIN, FL 32541

**Current Mailing Address:**

PO BOX 1666  
DESTIN, FL 32540

**New Mailing Address:**

**FEI Number:** 55-0858363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, WAVERLY  
910 AIRPORT RD  
STE A-5  
DESTIN, FL 32541 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: BOSWELL, CHAD C  
Address: 235 PELICAN PL #8  
City-St-Zip: DESTIN, FL 32541

Title: TSD ( ) Delete  
Name: SWAIM, TONY  
Address: RTE 3 BOX 13-2  
City-St-Zip: CLEVELAND, OK 74020

Title: DIR ( ) Delete  
Name: COLEMAN, KELLI  
Address: 1100 STONEGATE DRIVE #205  
City-St-Zip: AUBURN, AL 36832

Title: DIR (X) Delete  
Name: LEWELLYN, MARK  
Address: 260 CHIPOLA COVE  
City-St-Zip: DESTIN, FL 32541

Title: DIR ( ) Delete  
Name: MEADOWS, LEANNA  
Address: 4310 BUENA VISTA STE #7  
City-St-Zip: DALLAS, TX 75205

Title: VP ( ) Delete  
Name: WOODALL, JENNIFER  
Address: 234 PELICAN PLACE UNIT 13-W  
City-St-Zip: DESTIN, FL 32541

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

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

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

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

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

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

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: CHAD BOSWELL

PRES

04/29/2009

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

\_\_\_\_\_  
Date