

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 15, 2009
Secretary of State

DOCUMENT# N97000000065

Entity Name: PELICAN BEACH RESORT OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1002 HIGHWAY 98 E.
DESTIN, FL 32541 US**New Principal Place of Business:****Current Mailing Address:**1002 HIGHWAY 98 E.
DESTIN, FL 32541 US**New Mailing Address:****FEI Number:** 59-3419360**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WEBSTER, BOB
1002 HIGHWAY 98 E
DESTIN, FL 32541 US**Name and Address of New Registered Agent:**PROFITT, HERBERT M
1002 HIGHWAY 98 E
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: HERBERT M. PROFITT

07/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** STD () Delete
Name: WILLIAMSON, DALE
Address: 3295 TIMBERLOCH DR
City-St-Zip: MARIETTA, GA 30068 US**Title:** PD () Delete
Name: DIVINCENTI, PHIL
Address: 13707 DAMON DR
City-St-Zip: BATON ROUGE, LA 70816 US**Title:** D () Delete
Name: HINES, LARRY
Address: 612 CHOCTAW DR
City-St-Zip: DESTIN, FL 32541 US**Title:** VP () Delete
Name: MYERS, MARK
Address: P O BOX 1140
City-St-Zip: ROGERS, AR 72757 US**Title:** D () Delete
Name: DIVINCENTI, ANTHONY
Address: 126 SOUTHERN STAR
City-St-Zip: SLIDELL, LA 70458 US**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:

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: PHIL DIVINCENTI

PD

07/15/2009

Electronic Signature of Signing Officer or Director

Date