

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005382

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** PELICAN COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2390 PLACID DRIVE  
FT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4045  
SHALIMAR, FL 32579 US

**New Mailing Address:**

**FEI Number:** 59-3511832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

FINN, JAMES T  
2390 PLACID DRIVE  
FT WALTON BEACH, FL 32547 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: DP ( ) Delete  
Name: FINN, JAMES  
Address: 2393 PLACID DRIVE  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: DV ( ) Delete  
Name: HENRY, JAMES  
Address: 2388 PLACID DRIVE  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: DTS ( ) Delete  
Name: GARRETT, PAMELA M  
Address: 2381 PLACID DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**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:

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: JAMES T. FINN

DP

07/06/2006

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

\_\_\_\_\_  
Date