2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2007
Secretary of State

DOCUMENT# N97000005382

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: DP (X) Change ( ) Addition
Name: HENRY, JAMES
Address: 2388 PLACID DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: DV (X) Change ( ) Addition
Name: SIMMONS, DAVE
Address: 2399 PLACID DRIVE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: DTS (X) Change ( ) Addition
Name: CHEDISTER, JILL E
Address: 623 CAMBORNE AVE
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JAMES HENRY DP 07/28/2007

Electronic Signature of Signing Officer or Director — Date