2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003134

FILED Apr 01, 2009 Secretary of State

Entity Name: THE TERRACE AT PELICAN BEACH OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

 970 HIGHWAY 98 EAST
 970 HIGHWAY 98 EAST

 DESTIN, FL 32541
 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

970 HIGHWAY 98 EAST 970 HIGHWAY 98 EAST DESTIN, FL 32541 US

FEI Number: 59-3572061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEBSTER, BOB 1002 HWY 98 E DESTIN, FL 32541

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:

Flatonia Cincolne de Davidon de Annal

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 STD () Delete
 Title:
 STD (X) Change () Addition

 Name:
 ADAMS, JAMES F
 Name:
 WIDMAYER, WILLIAM

 Address:
 970 HIGHWAY 98 E
 Address:
 744 HICKORY RIDGE ROAD SW

 Address:
 970 HIGHWAY 98 E
 Address:
 744 HICKORY RIDGE ROAD SW

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 LILBURN, GA 30047 US

Title: PD () Delete Title: PD (X) Change () Addition Name: WARREN, HINES Name: WARREN, HINES

 Name:
 WARREN, HINES
 Name:
 WARREN, HINES

 Address:
 4506 MARSHBROOK WAY
 Address:
 4506 MARSHBROOK WAY

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541 US

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 BLACKWELL, TERRY
 Name:
 BLACKWELL, TERRY

 Address:
 4839 SABLE RIDGE CT
 Address:
 4839 SABLE RIDGE CT

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748 US

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: WARREN HINES PD 04/01/2009