

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769563

Entity Name: PELICAN WALK OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6905 THOMAS DR
PANAMA CITY BCH., FL 32408-6164**Current Mailing Address:**6905 THOMAS DR
PANAMA CITY BCH., FL 32408-6164**FEI Number: 59-2294360****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name PATE, CRAIG
Address 1305 FORK CREEK TRAIL
City-State-Zip: DECATUR GA 30033Title DIRECTOR
Name HICKEY, EDWARD
Address 6905 THOMAS D
City-State-Zip: PANAMA CITY FL 32408Title P
Name GRANT, JAMES
Address 1254 WESTGATE PARKWAY
City-State-Zip: DOTHAN AL 36303Title D
Name HATCHER, KENNETH
Address 6905 THOMAS DRIVE
UNIT 801
City-State-Zip: PANAMA CITY BEACH FL 32408Title VP
Name KENT, JIMMY
Address 161 PALM GROVE BOULEVARD
City-State-Zip: PANAMA CITY BEACH FL 32408Title TREASURER
Name SCHENCK, PHIL
Address 114 PALM CROSSING BLVD
City-State-Zip: PANAMA CITY BEACH FL 32408Title DIRECTOR
Name GESSLEIN, KATHY
Address 1983 BALDWIN STREET
City-State-Zip: CHIPLEY FL 32428

I hereby 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 all other like empowered.

SIGNATURE: JAMES GRANT**PRESIDENT****03/05/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date