

2022 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	TREASURER, SECRETARY
Name	PATE, CRAIG
Address	101 OVERLOOK DRIVE
City-State-Zip:	GAINESVILLE GA 30506

Title	PRESIDENT
Name	WISEMAN, BRUCE
Address	6905 THOMAS DRIVE UNIT 608
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	VP
Name	GNYP, ANDY
Address	629 CORNELIA COURT
City-State-Zip:	NASHVILLE TN 37217

Title	DIRECTOR
Name	GRAHAM, JEAN
Address	93 WOODLAND WAY
City-State-Zip:	SPARTA GA 31087

Title	DIRECTOR
Name	PLUMLY, WAYNE
Address	500 KNOBB HILL
City-State-Zip:	VALDOSTA GA 31602

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: BRUCE WISEMAN**PRES****02/03/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date