

2017 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 30033

Title DIRECTOR
Name KENT, JIMMY
Address 161 PALM GROVE BOULEVARD
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name HALL, SHEILA
Address 1602 COUNTRY CLUB DRIVE
City-State-Zip: LYNN HAVEN FL 32444

Title VP
Name WISEMAN, BRUCE
Address 1179 KINLOCK DRIVE
City-State-Zip: TROY MI 48098

Title PRESIDENT
Name HATCHER, KENNETH
Address 6905 THOMAS DRIVE
UNIT 801
City-State-Zip: PANAMA CITY BEACH FL 32408

Title TREASURER
Name SCHENCK, PHIL
Address 114 PALM CROSSING BLVD
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name WHITE, CINDY
Address 3444 SOUTH COUNTY ROAD
350W
City-State-Zip: DANVILLE IN 46122

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: KENNETH HATCHER**PRESIDENT****04/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date