

**2023 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<br>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

P

01/25/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date