

2018 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	PRESIDENT
Name	WISEMAN, BRUCE
Address	1179 KINLOCK DRIVE
City-State-Zip:	TROY MI 48098

Title	VP
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: BRUCE WISEMAN**PRESIDENT****03/03/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date