2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769563

Entity Name: PELICAN WALK OWNERS ASSOCIATION, INC.

FILED Apr 17, 2025 **Secretary of State** 9075117611CC

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 Title **PRESIDENT**

PATE, CRAIG WISEMAN, BRUCE Name Name 6905 THOMAS DRIVE Address 101 OVERLOOK DRIVE Address

UNIT 608

City-State-Zip:

QUINCY FL 32352

GAINESVILLE GA 30506 City-State-Zip: City-State-Zip: PANAMA CITY BEACH FL 32408

Title **SECRETARY** Title **TREASURER**

Name GRAHAM, JEAN Name PLUMLY, WAYNE Address 93 WOODLAND WAY 500 KNOBB HILL Address

City-State-Zip: SPARTA GA 31087 City-State-Zip: VALDOSTA GA 31602

Title **DIRECTOR**

Title **DIRECTOR** SMITH, RICHARD Name

Name WATSON, BRENT 521 EDGEWOOD DRIVE Address

Address 3325 SOLOMON DAIRY DRIVE City-State-Zip: WARRENSBURG MO 64093

Title DIRECTOR

DENECKE, FRED Name

Address 6905 THOMAS DRIVE

City-State-Zip: PANAMA CITY BEACH FL 32408

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.

04/17/2025 SIGNATURE: BRUCE WISEMAN **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date