

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90348 018 ****61.25

DOCUMENT # 725810

1. Entity Name

PELICAN YACHT CLUB, INC.



Principal Place of Business

1120 SEAWAY DR
FT PIERCE FL 34949
US

Mailing Address

1120 SEAWAY DR
FORT PIERCE FL 34949
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0572390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEE, F. H. III
401-A SOUTH INDIAN RIVER DR.
FT PIERCE FL 34950

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DPC ☒ Delete
NAME GARY, HARRY
STREET ADDRESS 505 S. 2ND STREET, SUITE 230
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DPC ☒ Change ☐ Addition
NAME GORMAN, ROBERT
STREET ADDRESS 1209 Delaware Ave.
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE DC ☐ Delete
NAME GORMAN, ROBERT
STREET ADDRESS 1209 DELAWARE AVE
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DC ☒ Change ☐ Addition
NAME BRYANT, WILLIAM
STREET ADDRESS 1550 Old Dixie Hwy.
CITY-ST-ZIP Vero Beach, FL 32060

TITLE VC ☐ Delete
NAME BRYANT, WILLIAM
STREET ADDRESS 1550 OLD DIXIE HWY
CITY-ST-ZIP VERO BEACH FL 32960

TITLE VC ☒ Change ☐ Addition
NAME FULLER, DAN
STREET ADDRESS 2500 Harbour Cove Dr.
CITY-ST-ZIP Ft. Pierce, FL 34949

TITLE DT ☐ Delete
NAME LYNCH, RICK
STREET ADDRESS 2502 N. INDIAN RIVER DR.
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE DT ☐ Change ☒ Addition
NAME BROWN, MIKE JR.
STREET ADDRESS 2201 River Branch Dr.
CITY-ST-ZIP Ft. Pierce, FL 34981

TITLE DS ☐ Delete
NAME YATES, CAMILLE
STREET ADDRESS 719 GEORGIA AVE
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DS ☐ Change ☐ Addition
NAME YATES, CAMILLE
STREET ADDRESS 719 Georgia Ave.
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE RC ☐ Delete
NAME FULLER, DAN
STREET ADDRESS 2500 HARBOUR COVE DRIVE
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE RC ☒ Change ☐ Addition
NAME LYNCH, RICK
STREET ADDRESS 2502 N. Indian River Dr.
CITY-ST-ZIP Ft. Pierce, FL 34946

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04