

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744887

1. Entity Name

PELICAN HARBOR HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90023 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

475 PELICAN WAY  
 DELRAY BEACH FL 33483

475 PELICAN WAY  
 DELRAY BEACH FL 33483-8036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

JMD Properties Inc

3. Mailing Address

98 SE 6th Ave

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

59-2149870

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip 33483

Country USA

Zip 33483

Country USA

6. Name and Address of Current Registered Agent

JMD PROPERTY, INC.  
 885 S.E. 6TH AVENUE  
 SUITE E  
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

Joseph M Dagher

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

98 SE 6th Ave

Suite 2

City

Delray Beach

FL

Zip Code

33483

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/00

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE SD  Delete  
 NAME FEYEN, BONNIE  
 STREET ADDRESS 3418 HARBOR CIR  
 CITY-ST-ZIP DELRAY BEACH FL

TITLE TD VP  Delete  
 NAME NUNES, CHARLES  
 STREET ADDRESS 3567 COMMODORE CIR  
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D  Delete  
 NAME EDERINGTON, SALLY  
 STREET ADDRESS 126 HARBOR CIR  
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D  Delete  
 NAME OTIS, JAMES  
 STREET ADDRESS 675 PELICAN WAY  
 CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE PD Treas  Delete  
 NAME DAVISON, RICHARD  
 STREET ADDRESS 3570 ENSIGN CIR  
 CITY-ST-ZIP DELRAY BEACH FL

TITLE VPD Pres.  Delete  
 NAME MENDOW, LLOYD  
 STREET ADDRESS 210 CAPTAINS WALK #713  
 CITY-ST-ZIP DELRAY BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Lloyd mendow  Change  Addition  
 NAME  
 STREET ADDRESS 210 Captains Walk # 713  
 CITY-ST-ZIP Delray Beach FL 33483

TITLE Vice-Pres  Change  Addition  
 NAME Nunes, Charles  
 STREET ADDRESS 3567 Commodore Cir  
 CITY-ST-ZIP Delray Beach FL 33483

TITLE Richard Davison  Change  Addition  
 NAME Treasurer  
 STREET ADDRESS 164 Harbor Dr  
 CITY-ST-ZIP Delray Beach, FL 33483

TITLE Harved Starin  Change  Addition  
 NAME Director  
 STREET ADDRESS 3498 Harbor Cir  
 CITY-ST-ZIP

TITLE Mary Jane Gleisner  Change  Addition  
 NAME Director  
 STREET ADDRESS 664 Pelican Way  
 CITY-ST-ZIP

TITLE William Elliott  Change  Addition  
 NAME Director  
 STREET ADDRESS 3565 Commodore Cir  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/2000