

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744887

FILED
Mar 24, 2009
Secretary of State

Entity Name: PELICAN HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

904 SE 5TH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

904 SE 5TH AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2149870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAGHER, JOSEPH M
904 SE 5TH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, DANELLE
Address: 597 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: STARIN, HARVEY
Address: 3596 ADMIRALS WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: NATHAN, DEAN
Address: 3593 COMMODORE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: LEVINE, RUSS
Address: 269 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD () Delete
Name: KIRSCHENBAOM, ALAN
Address: 205 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPD () Delete
Name: RORAFF, PAUL
Address: 381 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANELLE JONES

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date