

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

01-16-2003 90096 008 ****61.25

DOCUMENT # N00000008468

1. Entity Name

PELICAN PARK 6761 ASSOCIATION, INC.



Principal Place of Business

4875 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

Mailing Address

4875 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

2. Principal Place of Business

6761 W SUNRISE BLVD
Suite, Apt. #, etc.

3. Mailing Address

6761 W SUNRISE BLVD
Suite, Apt. #, etc.

City & State

PLANTATION FL

City & State

PLANTATION FL

Zip

33313

Country

BROWNS

Zip

33313

Country

BROWNS

4. FEI Number 65-1070442

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEONARD, C. GLENN
4875 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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

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	D	NAME	LEONARD, C. GLENN	STREET ADDRESS	4875 N. FEDERAL HWY.	CITY-ST-ZIP	FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	MUGINS, MICHAEL R	STREET ADDRESS	2920 NW 107TH AVE.	CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	D	NAME	BARTLE, CAROL	STREET ADDRESS	4875 N. FEDERAL HWY., 10TH FL	CITY-ST-ZIP	FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	YORK, MAYER	STREET ADDRESS	6761 W SUNRISE BLVD #3	CITY-ST-ZIP	PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE	D	NAME	TINA GWALTNEY	STREET ADDRESS	6761 W SUNRISE BLVD #15	CITY-ST-ZIP	PLANTATION FL 33313	<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 817, 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:

LEONARD, C. GLENN Pres

1/13/03 954 755 2408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #