


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90022 011 ****61.25

DOCUMENT # N02720

1. Entity Name
 PELICAN REEF WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 1638 SOUTH BAYSHORE COURT
 COCONUT GROVE, FL 33133

Mailing Address
 C/O BERENFELD-SPRITZER
 2525 PONCE DE LEON BLVD 5TH FL
 MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 59-2428797

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN-GUENTHER, JOYCE ESQ.
 10723 SW 104 ST.
 MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALCO, THOMAS 1638 S. BAYSHORE CT #402 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, HAROLD E 1638 S. BAYSHORE CT. #501 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEGUEZ, ALDO F 1638 S. BAYSHORE COURT #101 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASSUK, BOBBIE 1638 S. BAYSHORE COURT #101 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Thomas Falco* **Thomas Falco** **3-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #