


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90570 021 \*\*\*\*61.25

DOCUMENT # N03000005470			
1. Entity Name PELICAN BAY ESTATES HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 12448 SW 127TH AVENUE MIAMI, FL 33186		Mailing Address 12448 SW 127TH AVENUE MIAMI, FL 33186 <i>40 Guarantee Management</i>	
2. Principal Place of Business SAME		3. Mailing Address 6925 NW 42nd Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33166		Zip 33166-6820	
Country		Country	
4. FEI Number 20-1686951		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$9.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A. 5835 BLUE LAGOON DRIVE SUITE 200 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name <i>Fain Steven</i> Street Address (P.O. Box Number is Not Acceptable) <i>400 South State Road 7</i> City <i>Plantation</i> FL Zip Code <i>33017</i>	
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 <i>Steven A. Fain</i> DATE <i>4/18/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, FELIX 9485 SUNSET DRIVE SUITE A-295 MIAMI, FL 33173 <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	VSD SPANO, KIMBERLY 9485 SUNSET DRIVE SUITE A-295 MIAMI, FL 33173 <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	VTD GARCIA, GENE 9485 SUNSET DRIVE SUITE A-295 MIAMI, FL 33173 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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 like empowered.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>4/28/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	