2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005470

FILED Jan 29, 2009 Secretary of State

Entity Name: PELICAN BAY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GUARANTEE MANAGEMENT C/O T & G MANAGEMENT SERVICES 6925 NW 42 STREET 18001 OLD CUTLER ROAD STE # 521 MIAMI, FL 33166

PALMETTO BAY, FL 33157

Current Mailing Address: New Mailing Address:

C/O GUARANTEE MANAGEMENT C/O T & G MANAGEMENT SERVICES 18001 OLD CUTLER ROAD STE # 521 6925 NW 42 STREET MIAMI, FL 33166 PALMETTO BAY, FL 33157

FEI Number: 20-1686951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEIN, STEVENS 900 SOUTH STATE ROAD 7 HIALEAH, FL 33017

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GROSSMAN, JONATHAN RAYSTON, ALVA Name: Name:

8931 SW 208TH TR Address: 8832 S.W. 209TH TERRACE Address:

City-St-Zip: MIAMI, FL 33189 City-St-Zip: MIAMI, FL 33189

Title: VD Title: (X) Change () Addition () Delete CASTILLO, KAREN Name: GALDOS, ROLAND Name:

Address: 20812 SW 91ST CT Address: 9074 S.W. 209TH TERRACE

City-St-Zip: MIAMI, FL 33189 City-St-Zip: MIAMI, FL 33189

() Delete Title: Title: TD (X) Change () Addition

SCHAFFER, JAMES WU, LIJIA Name: Name: 21032 SW 91ST CT 20919 S.W. 90TH PLACE Address: Address:

City-St-Zip: MIAMI, FL 33189 City-St-Zip: MIAMI, FL 33189

Title: () Delete Title: SD () Change (X) Addition

Name: Name: ALFONSO, DAVID 8963 S.W. 210TH TERRACE Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33189

Title: () Delete Title: () Change (X) Addition

FAJARDO, ERIC Name: Name:

8932 S.W. 208TH TERRACE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33189

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: ALVA RAYSTON PD 01/29/2009