

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90017 010 ****61.25

DOCUMENT # N95000001607

1. Entity Name
PELICAN CAY ASSOCIATION, INC.



Principal Place of Business *SUITE 205* Mailing Address
C/O PINES PROPERTY MORT C/O PINES PROPERTY MORT
~~1770 SW 2ND STREET~~ *19620 PINES BLVD* PO BOX 820100
PEMBROKE PINES, FL 33029 US SO. FLORIDA, FL 33082 US

20030362



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0631794

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C/O PINES PROPERTY MORT *SUITE 205*
EVANS, THOMAS R., JR. *19620 PINES BLVD*
~~1770 SW 2ND STREET~~
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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
DP
FITCH, DARON
18222 SW 25TH STREET
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
GREER, ROBERT *Randy Vermeulen*
~~2632 SW 100 AVE.~~ *18242 SW 15th*
MIRAMAR, FL 33029 *Miramar, FL 33029*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PERRY, JR, WILLIAM P *Cristian Machidon*
~~18296 SW 26TH STREET~~
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
BRAFOR, EDDY
18031 SW 181 TERR.
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
BIGGS, CHERYL
2674 SW 181ST TERR
MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/05

Date

Daytime Phone #