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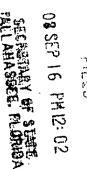
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
· (Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pelican Cay Association, Inc.
DOCUMENT NUMBER: N 95 0000 1607
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
Stevens & Goldun, P.A. (Firm/Company)
2 South University Prive #210
Plantation FL 33324 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 458-9393 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

SECRETARY OF STATE TALL AHASSEE, FLORIDA

2008 SEP -2 AM 8: 00

RECEIVED



September 16, 2008

PELICAN CAY PO BOX 820100 SOUTH FLORIDA, FL 33082-0100

SUBJECT: PELICAN CAY ASSOCIATION, INC.

Ref. Number: N95000001607

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Letter Number: 108A00050285

Karen Gibson Document Specialist Supervisor

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Pelican Kay Association, Inc.
2. The principal office address: 19620 lines Blvd Suite 205
lembroke lines. FL 33029
3. The mailing address (if different): Yo Pines Property Management
P.O. Box 820100 Pembroke lines, F1 33082
4. Date of incorporation/qualification: 4/5//995 Document number: NS 00000 / 607
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Kaye : Associates
6261 NW 6th Way, Suite 103
Ft. Lauderdale FL 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stevens + Goldwyn P.A.
2 South University Prive#210
Plantation FL 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.
(Signature of an officer or director) Daron S. Frich President (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

101