2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

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DOCUMENT # N9700005382 1. Entity Name PELICAN COVE OWNERS ASSOCIATION, INC.						03-05-200	04 90002	042 ****	61.25
2390 PLACID DRIVE		Mailing Address PO BOX 4045 SHALIMAR, FL 32579 US			54014959				
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152004	Chg-NP	CR2F0	37 (10/03)	
City & State		City & State			4. FEI Number			Ar	oplied For
Zip	Country	Zip	Country		59-35118 5. Certificate of 9			\$8.75 Add	
		<u>L </u>						Fee Require	· · · · · · · · · · · · · · · · · · ·
6. Name and Address of Current Registered Agent					7. Name and Ad	Idress of New	Registered	Agent	
FINN, JAMES T 2390 PLACID DRIVE			Nāme						
	ON BEACH, FL 32547		Street A	et Address (P.O. Box Number is Not Acceptable)					
			City					Zip Cod	e
							FL	• `	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registere	ed agent, or both, i	n the State of F	lorida. ⊥am	familiar with,	and accept
SIGNATURE									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signatu	ure required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	, !	
SIGNATURE .				ure required	i i	.]		4	
SIGNATURE .	Signature. typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp	aign Financing	ure required	\$5.00 May Be Added to Fees		Make chec	k payable t	
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Col	aign Financing		\$5.00 May Be	Flo	Make chec orida Depa	k payable t	tate
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Col	eaign Financing ntribution.		\$5.00 May Be Added to Fees	Flo	Make chec orida Depa	k payable t	tate
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DIR	9. Election Camp Trust Fund Col	eaign Financing ntribution.		\$5.00 May Be Added to Fees	Flo	Make chec orida Depa	k payable t timent of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04

850-864-3148