

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744887

1. Entity Name

PELICAN HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JMD PROPERTIES INC
98 SE 6TH AVE SUITE 2
DELRAY BEACH FL 33483

JMD PROPERTIES INC
98 SE 6TH AVE SUITE 2
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2149870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAGHER, JOSEPH M
98 SE 6TH AVE
SUITE 2
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME HOLDEN, BARBARA
STREET ADDRESS 357 PELICAN WAY
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE D ☐ Change ☒ Addition
NAME Lewis, Stuart
STREET ADDRESS 210 Captains Walk #202
CITY-ST-ZIP Delray Beach FL 33483

TITLE P ☐ Delete
NAME NUNES, CHARLES
STREET ADDRESS 3567 COMMODORE CIR
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GLEISNER, MARY JANE
STREET ADDRESS 664 PELICAN WAY
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STARIN, HARVEY
STREET ADDRESS 3498 HARBOR CIR
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LOUIS, GERALD
STREET ADDRESS 596 ANDREA WAY
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ELLIOTT, WILLIAM
STREET ADDRESS 3565 COMMODORE
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

Joseph Dagher 4/26/02 561-2653272

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90085 029 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)