

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 21, 2002 8:00 am
Secretary of State

03-28-2002 90036 007 ****61.25

DOCUMENT # N01000000711

1. Entity Name
PELICAN COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 150 FOREST HILL BLVD. STE 150 WELLINGTON FL 33414	Mailing Address 12230 FOREST HILL BLVD. STE 150 WELLINGTON FL 33414
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24428



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. SAN CAS	3. Mailing Address Suite, Apt. #, etc. C/O GRS Management Assoc Inc 3500 Woodlake Blvd Ste 200
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City & State Lake Worth FL	4. FEI Number 65-1100318	Applied For <input type="checkbox"/> Not Applicable
Zip 33463	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIMBALL FLETCHER, PATRICIA P.A.
200 S BISCAYNE BLVD, STE 3410
MIAMI FL 33131

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DREWS, ROBERT 12230 FOREST HILL BLVD, STE 150 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GOSSELIN, ANETTE 12230 FOREST HILL BLVD, STE 150 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PACKARD, GARY 12230 FOREST HILL BLVD, STE 150 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DREWS, ROBERT 1013 N. STATE Rd #7 Royal Palm Beach, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Gosselin, Anette 1013 N. STATE Rd #7 Royal Palm Bch FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Indivigidio, Mario 1013 N. STATE Rd #7 Royal Palm Bch FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert W. Drews, President Date: 3/12/02

CR2E037 (9/01)