


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90204 022 ****61.25

DOCUMENT # N0100000711

1. Entity Name
PELICAN COVE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**C/O GRS MANAGEMENT ASSON, INC
 3900 WOODLAKE BLVD. STE 201
 LAKE WORTH, FL 33463**

Mailing Address
**C/O GRS MANAGEMENT ASSON, INC
 3900 WOODLAKE BLVD. STE 201
 LAKE WORTH, FL 33463**

24074714



2. Principal Place of Business
**2400 Centrepark W. Dr
 Suite, Apt. #, etc.
 Suite 175**

3. Mailing Address
**2400 Centrepark W. Dr
 Suite, Apt. #, etc.
 #175**

02122004 Chg-NP CR2E037 (10/03)

City & State
West Palm Beach, FL

City & State
West Palm Beach, FL

Zip
33409

Country
USA

Zip
33409

Country
USA

4. FEI Number
65-1100318

Applied For
 Not Applicable

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
Diane S. Helfgott

Street Address (P.O. Box Number is Not Acceptable)
2779 Clipper Circle

City
WPB

FL Zip Code
33411

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 *Diane S. Helfgott* DATE 4/19/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABANO, JOE 2570 CLIPPER CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE-CARION, JOHN 2624 CLIPPER CIRCLE WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HELFCOTT, DIANE 2779 CLIPPER CIRCLE WEST PALM BEACH, FL 33411 <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
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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *Diane S. Helfgott* *Diane S. Helfgott* DATE 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR