


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90026 016 ****61.25

DOCUMENT # 755539					
1. Entity Name PELICAN REEF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1632 S BAYSHORE COURT COCONUT GROVE, FL 33133			Mailing Address 1632 S BAYSHORE COURT COCONUT GROVE, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2140403	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSSO, JOHN D 1632 S BAYSHORE CT #403 MIAMI, FL 33133			Name <i>Thomas A. Falco</i> Street Address (P.O. Box Number is Not Acceptable) <i>1638 S. Bayshore Ct. #402</i> City <i>MIAMI</i> FL Zip Code <i>33133</i>		
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: <i>Thomas Falco</i> <i>Thomas A. Falco, President</i> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RUSSO, JOHN PAUL	NAME	<i>Thomas A. Falco</i>		
STREET ADDRESS	1632 S BAYSHORE CT #403	STREET ADDRESS	<i>1638 S. Bayshore Ct. #402</i>		
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	<i>MIAMI, FL 33133</i>		
TITLE	TSD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RUSSLER, ANDREW	NAME	<i>Aldo F. Alleguez</i>		
STREET ADDRESS	1632 S. BAYSHORE CT. #401	STREET ADDRESS	<i>1638 S. Bayshore Ct. #101</i>		
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	<i>MIAMI, FL 33133</i>		
NAME	ANDOLSEK, CHARLES <input checked="" type="checkbox"/> Delete	NAME	<i>Francesca Giannelli-Hinke</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	1632 S. BAYSHORE CT. #502	STREET ADDRESS	<i>1638 S. Bayshore Ct. #201</i>		
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	<i>MIAMI, FL 33133</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>Bobbie Bassuk</i>		
STREET ADDRESS		STREET ADDRESS	<i>1638 S. Bayshore Ct. PH</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>MIAMI, FL 33133</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>Harold E. Kendall</i>		
STREET ADDRESS		STREET ADDRESS	<i>1638 S. Bayshore Ct. #501</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>MIAMI, FL 33133</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Thomas Falco</i> <i>Thomas A. Falco, President</i> Date Daytime Phone #					