

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 25, 2011
Secretary of State

Entity Name: PELICAN COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O CENTURY MANAGEMENT CONSULTANTS INC.
2950 JOG RD.
GREENACRES, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

C/O CENTURY MANAGEMENT CONSULTANTS INC.
2950 JOG RD.
GREENACRES, FL 33467 US

New Mailing Address:

FEI Number: 65-1100318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE
SUITE 701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: HELFGOTT, DIANE
Address: 2779 CLIPPER COURT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: 2VPD
Name: TOPF, BARRY
Address: 9202 CLIPPER CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PD
Name: GELFAND, CLIFFORD
Address: 9201 CLIPPER COURT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD
Name: STRATTON, SHARON L
Address: 2779 CLIPPER COURT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PD
Name: WOODS, CLARK E
Address: 2650 CLIPPER CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLIFFORD GELFAND

PB

03/25/2011

Electronic Signature of Signing Officer or Director

Date