

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744887

**Entity Name:** PELICAN HARBOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

475 PELICAN WAY  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

475 PELICAN WAY  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-2149870

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BOULEVARD - STE. 1800  
FORT LAUDERDALE, FL 33301 US

*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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           RUGGERI, MARIA  
Address        3549 HARBOR CIRCLE  
City-State-Zip: DELRAY BEACH FL 33483

Title           TREASURER  
Name           STARIN, HARVEY  
Address        3596 ADMIRALS WAY  
City-State-Zip: DELRAY BEACH FL 33483

Title           PRESIDENT  
Name           LEVIN, ROSEMARY  
Address        148 HARBOR CIRCLE  
City-State-Zip: DELRAY BEACH FL 33483

Title           DIRECTOR  
Name           RORAFF, LINDA  
Address        381 PELICAN WAY  
City-State-Zip: DELRAY BEACH FL 33483

Title           SECRETARY  
Name           ROSS, PATT  
Address        3576 ENSIGN CIRCLE  
City-State-Zip: DELRAY BEACH FL 33483

Title           VP  
Name           KIRKBRIDE, MICHAEL  
Address        50 BOSUN WAY  
City-State-Zip: DELRAY BEACH FL 33483

Title           DIRECTOR  
Name           SAKALA, BRUCE  
Address        300 CAPTAIN'S WALK #104  
City-State-Zip: DELRAY BEACH FL 33483

*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:** ROSEMARY LEVIN

**PRESIDENT**

**02/09/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date