

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755539

Entity Name: PELICAN REEF CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**GUARANTEE MANAGEMENT SERVICES, INC.
3785 NW 82ND AV 109
DORAL, FL 33166**Current Mailing Address:**3785 NW 82ND AV.
STE 109
DORAL, FL 33166 US**FEI Number:** 59-2140403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IGLESIAS, DAVID ESQ.
15800 PINES BLVD.
3RD FLOOR
PEMBROKE PINES, FL 33027 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:** DAVID IGLESIAS, ESQ.

01/18/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MEHTA, PARAG
Address GUARANTEE MANAGEMENT
SERVICES, INC.
3785 NW 82ND AV 109
City-State-Zip: DORAL FL 33166

Title VICE PRESIDENT
Name ALEXANDER, LOUIS
Address GUARANTEE MANAGEMENT
SERVICES, INC.
3785 NW 82ND AV 109
City-State-Zip: DORAL FL 33166

Title SECRETARY
Name RUSSO, JOHN PAUL
Address GUARANTEE MANAGEMENT
SERVICES, INC.
3785 NW 82ND AV 109
City-State-Zip: DORAL FL 33166

Title TREASURER
Name PAREKH, KESHAL
Address GUARANTEE MANAGEMENT
SERVICES, INC.
3785 NW 82ND AV 109
City-State-Zip: DORAL FL 33166

Title PRESIDENT
Name SKIDMORE, JOHN
Address GUARANTEE MANAGEMENT
SERVICES, INC.
3785 NW 82ND AV 109
City-State-Zip: DORAL FL 33166

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: PARAG MEHTA

PRESIDENT

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date