

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000711

**Entity Name:** PELICAN COVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-1100318

**Certificate of Status Desired:** No

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

ROSSIN & BURR, PLLC  
1550 SOUTHERN BLVD.  
SUITE 100  
WEST PALM BEACH, FL 33406 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:** ROBERT BURR

**02/27/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HELFGOTT, DIANE  
Address 2779 CLIPPER CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name GUSTAFSON, KENNETH  
Address 2641 CLIPPER CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33411

Title PRESIDENT  
Name NELSON, MICHAEL  
Address 2566 CLIPPER CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33411

Title DIRECTOR  
Name ZUDEKOFF, SYDNEY E  
Address 2578 CLIPPER CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33411

Title TREASURER  
Name INTINI, JOSEPH  
Address 2734 CLIPPER CIRCLE  
City-State-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:** MICHAEL NELSON

**PRESIDENT**

**02/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date