

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001607

**Entity Name:** PELICAN CAY ASSOCIATION, INC.**Current Principal Place of Business:**C/O PINES PROPERTY MGMT  
6941 SW 196 AVE, SUITE 27  
PEMBROKE PINES, FL 33332**Current Mailing Address:**C/O PINES PROPERTY MGMT  
PO BOX 820100  
SO. FLORIDA, FL 33082 US**FEI Number:** 65-0631794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEVENS & GOLDWYN, P.A.  
2 SOUTH UNIVERSITY DR  
# 329  
PLANTATION, FL 33324 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	P
Name	FITCH, DARON
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	S
Name	MACHIDON, CRISTIAN
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	VP
Name	APPEL, ERIC
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	T
Name	CASTILLO, JOSE
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	D
Name	DUFF, ROBERT
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

*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: DARON FITCH****PRESIDENT****03/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date