| Current Prin<br>2381 PLACID E   | <b>ncipal Place of Business:</b><br>DRIV<br>EACH, FL 32547   | INC.                     | 909457                                  | 77710CC                           |
|---|--|--------------------------|---|-----------------------------------|
| Current Mai   | iling Address:   |                          |   |                                   |
| PO BOX 404<br>SHALIMAR,   | 45<br>FL 32579 US  |                          |   |                                   |
| FEI Number: 59-3511832 Certi  |  |                          | Certificate of Status De                | sired: No                         |
| Name and A  | Address of Current Registered Agent:   |                          |   |                                   |
| MAST, AMY L<br>2381 PLACID E<br>FORT WALTOR   | DRIVE<br>N BEACH, FL 32547 US  |                          |   |                                   |
|   |  |                          |   |                                   |
|   | d entity submits this statement for the purpose of changing its regi   | stered office or regis   | tered agent, or both, in the State of I | Florida.                          |
| The above name  | d entity submits this statement for the purpose of changing its regi<br>E: AMY L MAST  | stered office or regis   | tered agent, or both, in the State of I | <sup>Elorida.</sup><br>01/19/2024 |
| The above name  |  | stered office or regis   | tered agent, or both, in the State of I |                                   |
| The above name  | E: AMY L MAST<br>Electronic Signature of Registered Agent  | stered office or regis   | tered agent, or both, in the State of I | 01/19/2024                        |
| The above name  | E: AMY L MAST<br>Electronic Signature of Registered Agent  | stered office or regis   | tered agent, or both, in the State of I | 01/19/2024                        |
| The above name<br>SIGNATURE<br>Officer/Dire   | E: AMY L MAST<br>Electronic Signature of Registered Agent<br>Ctor Detail :   |                          |   | 01/19/2024                        |
| The above name<br>SIGNATURE<br>Officer/Dire<br>Title  | E: AMY L MAST<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT  | Title                    | VP                                      | 01/19/2024                        |
| The above name<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name  | E: AMY L MAST<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>DEFREITAS, VAL<br>PO BOX 4045                             | Title<br>Name            | VP<br>LEE, JAMIE<br>PO BOX 4045         | 01/19/2024                        |
| The above name<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address                             | E: AMY L MAST<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>DEFREITAS, VAL<br>PO BOX 4045                             | Title<br>Name<br>Address | VP<br>LEE, JAMIE<br>PO BOX 4045         | 01/19/2024                        |
| The above name<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:          | E: AMY L MAST<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>DEFREITAS, VAL<br>PO BOX 4045<br>SHALIMAR FL 32579        | Title<br>Name<br>Address | VP<br>LEE, JAMIE<br>PO BOX 4045         | 01/19/2024                        |
| The above name<br>SIGNATURE<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | E: AMY L MAST<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>PRESIDENT<br>DEFREITAS, VAL<br>PO BOX 4045<br>SHALIMAR FL 32579<br>DTS | Title<br>Name<br>Address | VP<br>LEE, JAMIE<br>PO BOX 4045         | 01/19/2024                        |

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: AMY L MAST

SECRETARY/TREASURER 01/19/2024

Electronic Signature of Signing Officer/Director Detail

## FILED Jan 19, 2024 **Secretary of State**

## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N9700005382

Entity Name: PELICAN COVE OWNERS ASSOCIATION, INC.