



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90105 011 \*\*\*\*61.25

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # 700450</b><br>1. Entity Name<br><b>PELICAN SHORES ASSOCIATION, INC.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>PO BOX 1354<br/>ENGLEWOOD, FL 34295-1354 US</b>  |  |  | Mailing Address<br><b>PO BOX 1354<br/>ENGLEWOOD, FL 34295-1354 US</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |  |
| City & State   |  | City & State   |  | 03072007    Chg-NP    CR2E037 (12/06)  |  |
| Zip  |  | Country  |  | 4. FEI Number<br><b>59-2346873</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ZELNICK, HELEN<br/>4070 PELICAN SHORES CIR E<br/>ENGLEWOOD, FL 34223</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>                       |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>MCLAIN, MIKE<br>4077 PELICAN SHORES CIR<br>ENGLEWOOD, FL 34223       | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VP<br>LAMBERT, JACK<br>4088 PELICAN SHORES CIR<br>ENGLEWOOD, FL 34223      | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | S<br>LAMBERT, LAVERNE<br>4088 PELICAN SHORES CIRCLE<br>ENGLEWOOD, FL 34223 | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>ZELNICK, HELEN<br>4070 PELICAN SHORES CIR E<br>ENGLEWOOD, FL 34223    | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>COSTA, JOSEPH<br>4092 PELICAN SHORES CIR<br>ENGLEWOOD, FL 34223       | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>FERRIS, HAROLD<br>4090 PELICAN SHORES CIR<br>ENGLEWOOD, FL 34223      | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>SNYDER, ALAN<br>4089 Beach Rd<br>ENGLEWOOD FL 34223                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |  |  |
| <b>SIGNATURE:</b> <i>Helen D. Zelnick, Treasurer</i><br><b>HELEN D. ZELNICK</b> 03/07/07    941 475 6168<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |  |  |  |  |  |