





2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90012 002 ****61.25

DOCUMENT # 700450 1. Entity Name PELICAN SHORES ASSOCIATION, INC.					
Principal Place of Business PO BOX 1354 ENGLEWOOD, FL 34295-1354 US			Mailing Address PO BOX 1354 ENGLEWOOD, FL 34295-1354 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40047899 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2346873	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZELNICK, HELEN 4070 PELICAN SHORES CIR E ENGLEWOOD, FL 34223				7. Name and Address of New Registered Agent Name ZELNICK, HELEN Street Address (P.O. Box Number is Not Acceptable) 4070 PELICAN SHORES CIR E PO Box 1354 City Englewood FL Zip Code 34223	
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 				DATE 03/11/08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLAIN, MIKE 4077 PELICAN SHORES CIR ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAMBERT, JACK 4088 PELICAN SHORES CIR ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERT, LAVERNE 4088 PELICAN SHORES CIRCLE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZELNICK, HELEN 4070 PELICAN SHORES CIR E ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, JOSEPH 4092 PELICAN SHORES CIR ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRIS, HAROLD 4090 PELICAN SHORES CIR ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN DAMIANO 4500 Russell Rd Englewood FL 34223	<input checked="" type="checkbox"/> Change <input 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.					
SIGNATURE: 				DATE 3/11/08 DAYTIME PHONE # 937-667-8407	
HELEN D. ZELNICK					