


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91237 010 ****61.25

DOCUMENT # 725061			
1. Entity Name PELICAN HARBOUR AND BEACH CLUB ASSOCIATION, INC.			
Principal Place of Business 4234 GULF OF MEXICO DR. LONG BOAT KEY, FL		Mailing Address 4234 GULF OF MEXICO DR. LONG BOAT KEY, FL	
2. Principal Place of Business		3. Mailing Address <i>595 Bay Isles Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 200</i>	
City & State		City & State <i>Longboat Key, FL</i>	
Zip		Zip <i>34228</i>	
Country		Country <i>USA</i>	
4. FEI Number 59-1541643		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. 630 S. ORANGE AVE. SARASOTA, FL 34236		Name <i>Beth Callans Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>595 Bay Isles Road</i> <i>Suite 200</i> City <i>Longboat Key</i> FL Zip Code <i>34228</i>	
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 <i>Beth Callans</i>		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		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 KAHN, SHELDON 4234 GULF OF MEXICO DR., UNIT A-2 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, WILLIAM J 4234 GULF OF MEXICO DR., UNIT BB1 LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOODY, LAVENNE M 4234 GULF OF MEXICO DR. M D-1 LONGBOAT, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGOT, ALFRED W 4234 GULF OF MEXICO DR. BRADENTON, FL 34203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, RICHARD P 1801 GLENGARY ST SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tom Kinney</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4234 Gulf of Mexico Drive</i> <i>Longboat, FL 34228</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Lavonne Moody</i>		Date <i>4-27-04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	