


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90034 021 \*\*\*\*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  
**595 BAY ISLES RD.  
 STE. 200  
 LONGBOAT KEY, FL 34228**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1541643**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BETH CALLANS MGMT.  
 595 BAY ISLES RD.  
 STE. 200  
 LONGBOAT KEY, FL 34228**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAHN, SHELDON	
STREET ADDRESS	4234 GULF OF MEXICO DR. UNIT A-2	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, PAUL	
STREET ADDRESS	4234 GULF OF MEXICO DR N-1	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOODY, LAVENNE M	
STREET ADDRESS	4234 GULF OF MEXICO DR.M D-1	
CITY-ST-ZIP	LONGBOAT, FL 34228	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGOT, ALFRED W	
STREET ADDRESS	4234 GULF OF MEXICO DR.	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, WILLIAM J	
STREET ADDRESS	4234 GULF OF MEXICO DR BB1	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>FIDERER</b> DIDERER, MARTIN	
STREET ADDRESS	4234 GULF OF MEXICO DR F-2	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *X Sheldon Kahn* **1/30/07 941-383-3502**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #