

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725061

FILED
Jan 27, 2009
Secretary of State

Entity Name: PELICAN HARBOUR AND BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

4234 GULF OF MEXICO DR.
LONG BOAT KEY, FL

New Principal Place of Business:

4234 GULF OF MEXICO DR.
LONG BOAT KEY, FL 34228

Current Mailing Address:

595 BAY ISLES RD.
STE. 200
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 59-1541643 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES RD.
STE. 200
LONGBOAT KEY, FL 34228 US

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.

SIGNATURE: BETH CALLANS MANAGEMENT CORPORATION 01/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAHN, SHELDON
Address: 4234 GULF OF MEXICO DR., UNIT A-2
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: WILLIAM, DEMPSEY
Address: 4234 GULF OF MEXICO DR. #V2
City-St-Zip: LONGBOAT KEY, FL 34228

Title: TD () Delete
Name: MOODY, LAVENNE M
Address: 4234 GULF OF MEXICO DR.M D-1
City-St-Zip: LONGBOAT, FL 34228

Title: D () Delete
Name: MCGRATH, SHAWN
Address: 4234 GULF OF MEXICO DR #B-2
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: SWOBODA, GUS
Address: 4241 GULF OF MEXICO DR #201
City-St-Zip: LONGBOAT KEY, FL 34228

Title: SD () Delete
Name: FIDERER, MARTIN
Address: 4234 GULF OF MEXICO DR F-2
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHELDON KAHN PD 01/27/2009
Electronic Signature of Signing Officer or Director Date