

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90193 016 ****61.25

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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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1541643**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VD	<input type="checkbox"/> Delete
NAME	KELLEY, WILLIAM J	
STREET ADDRESS	4234 GULF OF MEXICO DR., UNIT BB1	
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	AS	<input type="checkbox"/> Delete
NAME	CLARK, RICHARD P	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	CLARK, PAUL R	
STREET ADDRESS	1801 GLENGARY ST.	
CITY-ST-ZIP	SARASOTA FL 34231	

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	
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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 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: *Richard Kahn* *Richard Clark* 4/7/03 941-921-5393

CR2E037 (10/02)