2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#725810

Entity Name: PELICAN YACHT CLUB, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1120 SEAWAY DR

FT PIERCE, FL 34949 US

Current Mailing Address: New Mailing Address:

1120 SEAWAY DR 1120 SEAWAY DR

FORT PIERCE, FL 34949 US FT PIERCE, FL 34949 US

FEI Number: 59-0572390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FEE, F. H. III 401-A SOUTH INDIAN RIVER DR. FT PIERCE, FL 34950 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC () Delete Title: DPC (X) Change () Addition Name: BROWN, MICHAEL JR. Name: HAISLEY, JIMMIE ANNE Address: 2925 S. INDIAN RIVER DR. Address: 3600 N. MILTON RD.

City-St-Zip: FORT PIERCE, FL 34982 US City-St-Zip: FORT PIERCE, FL 34946 US

Title: DC () Delete Title: DC (X) Change () Addition

Name: HAISLEY, JIMMIE ANNE Name: NEILL, RICHARD
Address: 3600 N. MILTON RD. Address: 311 MILTON RD.

City-St-Zip: FORT PIERCE, FL 34946 US City-St-Zip: FORT PIERCE, FL 34946 US

Title: VC () Delete Title: VC (X) Change () Addition Name: NEILL, RICHARD Name: ROBERTS, HAL

Address: 311 MILTON RD. Address: 105 NE CHARLESTON OAKS DR.

City-St-Zip: FORT PIERCE, FL 34946 US City-St-Zip: PORT ST. LUCIE, FL 34946 US

 Name:
 ROBERTS, HAL
 Name:
 DEGRAW, JUNE-ANN

 Address:
 105 NE CHARLESTON OAKS DR.
 Address:
 914 BOSTON AVE.

 City-St-Zip:
 PORT ST. LUCIE, FL 34946 US
 City-St-Zip:
 FT. PIERCE, FL 34950 US

Title: DS () Delete Title: () Change () Addition

 Name:
 MILLER, ANNETTE
 Name:

 Address:
 5404 IDEAL HOLDING RD.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34982 US
 City-St-Zip:

Title: DT () Delete Title: () Change () Addition

 Name:
 WYNNE, JOEL
 Name:

 Address:
 ONE FROGGY SWAMP RD.
 Address:

 City-St-Zip:
 PORT ST. LUCIE, FL 34963 US
 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: JOEL WYNNE DT 04/22/2009