

725810  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000330659 3)))



H240003306593AEC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : JONES FOSTER P.A.  
 Account Number : 076077003231  
 Phone : (561)650-0471  
 Fax Number : (561)650-5300

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: mfolbrecht@PelicanYachtClub.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
 PELICAN YACHT CLUB, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

A. RAMSEY  
 OCT 21 2024

Second Attempt

AS Originally filed 9/30/24

RECEIVED

2024 OCT 18 PM 3:57

FILED

2024 OCT 18 PM 12:55

+1240083306343

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PELICAN YACHT CLUB, INC.

DOCUMENT NUMBER: 725810

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORDAN JOHANSEN

(Name of Contact Person)

JONES FOSTER P.A.

(Firm/ Company)

505 S FLAGLER DRIVE, SUITE 1100

(Address)

WEST PALM BEACH, FL 33401

(City/ State and Zip Code)

mfolbrecht@pelicanyachtclub.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN JOHANSEN

(Name of Contact Person)

at (561) 650-0432

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2024 OCT 18 PM 12 55

PELICAN YACHT CLUB, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

725810

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title.

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CFO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>DPC</u>	<u>Donald Buchheim</u>	<u>806 Southstar Drive</u> <u>Ft. Pierce, FL 34949</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>William Donovan</u>	<u>251 Bermuda Beach Drive</u> <u>Ft. Pierce, FL 34949</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Robert Gorman</u>	<u>3300 Twin Lakes Terrace, #204</u> <u>Ft. Pierce, FL 34951</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Britt Reynolds</u>	<u>1120 Seaway Drive</u> <u>Ft. Pierce, FL 34949</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Rodger Hahneman</u>	<u>1120 Seaway Drive</u> <u>Ft. Pierce, FL 34949</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>D</u>	<u>Lauren Harris</u>	<u>1120 Seaway Drive</u> <u>Ft. Pierce, FL 34949</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

---

---

---

---

---

---

---

---

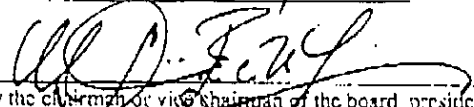


- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

9.23.2024

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Melvin Folbrecht

(Typed or printed name of person signing)

President (Commodore)

(Title of person signing)