


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90021 002 \*\*\*\*61.25

<b>DOCUMENT # 727197</b> 1. Entity Name PELICAN COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1615 PELICAN POINT DRIVE SARASOTA, FL 34231			Mailing Address 1615 PELICAN POINT DRIVE SARASOTA, FL 34231 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1925120	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  WEINGARTEN, RITA 1628 BOATHOUSE CIRCLE 6R-213 SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name <u>AMUNDSON, GORDON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1614 TREEHOUSE CIRCLE TR127</u> City <u>SARASOTA</u> FL <u>34231</u>	
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 <u>GORDON AMUNDSON, Pres.</u> <u>Hamilton C. Amundson</u> <u>3-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHERRY, MURRAY 1624 TREEHOUSE CIRCLE TR-121 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT GORDON AMUNDSON 1614 TREEHOUSE CIRCLE - TR127 SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEINGARTEN, RITA 1628 BOATHOUSE CIRCLE GR-213 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT CHAN SWEETSER 1629 PELICAN COVE RD BA-133A SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOLOMON, THOMAS 1615 CLOWER CREEK DRIVE TR-182 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY CHUCK BUTTERFIELD 1512 PELICAN COVE RD GR139 SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITMORE, SUSAN 1511 PELICAN POINT DR BA-278 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER DICK PARINS 1508 PELICAN COVE RD GR132 SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD PIANE, JOHN 1610 TREEHOUSE CIRCLE TR-129 SARASOTA, FL 34231	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSISTANT TREASURER GUY SPENCER 1519 CLOWER CREEK DR HA-154 SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD SWEETSER, CHANDLER S 1629 PELICAN COVE ROAD BA-133A SARASOTA, FL 34251	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>GORDON AMUNDSON, Pres.</u> <u>Hamilton C. Amundson</u> <u>904-5674</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40048343



03052008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
 Name AMUNDSON, GORDON  
 Street Address (P.O. Box Number is Not Acceptable)  
1614 TREEHOUSE CIRCLE TR127  
 City SARASOTA FL 34231

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**  
 9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**  
**Make check payable to  
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SIGNATURE: GORDON AMUNDSON, Pres. Hamilton C. Amundson 904-5674  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3-7-08