


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90050 008 \*\*\*\*61.25

**DOCUMENT # 741212**  
 1. Entity Name  
**PELICAN COVE OF BROWARD COUNTY, INC.**



Principal Place of Business  
 2625 N.E. 28TH. COURT  
 LIGHTHOUSE POINT, FL 33064-8248

Mailing Address  
 2625 N.E. 28TH. COURT  
 LIGHTHOUSE POINT, FL 33064-8248



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02152004 Chg-NP CR2E037 (10/03)

City & State  
 City & State

Zip Country Zip Country

4. FEI Number  
**59-2155434**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BOND, MARY LOU**  
**2625 N.E. 28TH COURT, APT. A**  
**LIGHTHOUSE POINT, FL 33064**

7. Name and Address of New Registered Agent  
 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 Mary Lou Bond Mary Lou Bond, Treasurer 4/1/2004  
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, 2004**

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

TITLE	T	<input type="checkbox"/> Delete
NAME	BOND, MARY LOU	
STREET ADDRESS	2625 N.E. 28TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL,	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERG, JACQUELYNN R	
STREET ADDRESS	2625 NE 28TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCQUEARY, VIRGINIA	
STREET ADDRESS	2625 N.E. 28TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCQUEARY, DENNIS	
STREET ADDRESS	2625 NE 28 CT	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOND, JOHN W	
STREET ADDRESS	2625 N E 28TH CT	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, MARK H	
STREET ADDRESS	2625 NE 28TH CT	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen McCoy	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Prizant	
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: Mary Lou Bond Mary Lou Bond, Treasurer 4/1/04 954-946-2613  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #