

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741212

FILED
Apr 05, 2009
Secretary of State

Entity Name: PELICAN COVE OF BROWARD COUNTY, INC.

Current Principal Place of Business:

2625 N.E. 28TH. COURT
C/O APT. A
LIGHTHOUSE POINT, FL 330648248

New Principal Place of Business:

Current Mailing Address:

2625 N.E. 28TH. COURT
C/O APT. A
LIGHTHOUSE POINT, FL 330648248

New Mailing Address:

FEI Number: 59-2155434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOND, MARY LOU
2625 N.E. 28TH COURT, APT. A
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: BOND, MARY LOU
Address: 2625 NE. 28 COURT, APT. A
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: SD () Delete
Name: BERG, JACQUELYNN R
Address: 2625 NE. 28 COURT, APT. C
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: MERRICK, BRUCE
Address: 2625 NE. 28 COURT, APT. B
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: PD () Delete
Name: BOND, ARTHUR H
Address: 2625 NE. 28 COURT, APT. D
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VPD () Delete
Name: BOND, JOHN W
Address: 2625 NE. 28TH COURT, APT. A
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MARY LOU BOND

T

04/05/2009

Electronic Signature of Signing Officer or Director

_____ Date