


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90173 044 ****61.25

DOCUMENT # 742606	
1. Entity Name	
PELICAN'S ROOST BEACH HOMES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1400 N. GULF BLVD UNIT 2-B INDIAN ROCKS BEACH FL 33785 US	101 OAKWOOD DR LARGO FL 33770 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2251 Glenmoor Rd., North Suite, Apt. #, etc.
City & State	City & State
	Clearwater, FL ##&C\$
Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number	Applied For
NO-T APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENDALL, CHERYL 101 OAKWOOD DR. LARGO FL 33770	Name Norma C. Meriwether Street Address (P.O. Box Number is Not Acceptable) 2251 Glenmoor Rd., North City Clearwater FL Zip Code 33764

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 Norma C. Meriwether **DATE** 2/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, JONATHAN	NAME	Joan Vogt
STREET ADDRESS	1400 GULF BLVD. 2A	STREET ADDRESS	1400 Gulf Blvd. 5B
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	1st VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGT, JOAN	NAME	Dave Zaun
STREET ADDRESS	1400 GULF BLVD 5B	STREET ADDRESS	1400 Gulf Blvd., 2A
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	CITY-ST-ZIP	Indian Rocks Beach, FL 33785
TITLE	VD <input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT, KERR	NAME	Norma C. Meriwether
STREET ADDRESS	1400 GULF BLVD 3A	STREET ADDRESS	2251 Glenmoor Rd.
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	CITY-ST-ZIP	Clearwater, FL 33764-4921
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, MARRIETTA	NAME	
STREET ADDRESS	3305 MCKAY AVE.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENDALL, CHERYL	NAME	
STREET ADDRESS	101 OAKWOOD DR.	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33770	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Norma C. Meriwether

2/27/06