

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743476

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** PELICANS COVE ASSOCIATION, INC.

**Current Principal Place of Business:**

506 N GULF BLVD #504  
INDIAN ROCKS BEACH, FL 34635

**New Principal Place of Business:**

**Current Mailing Address:**

506 N GULF BLVD #504  
INDIAN ROCKS BEACH, FL 34635

**New Mailing Address:**

**FEI Number:** 59-1925120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL COUNTY PROPERTY MGMT.  
2898 66TH ST. N.  
SAINT PETERSBURG, FL 33711 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: PD ( ) Delete  
Name: DELANEY, JIM  
Address: 506 N GULF BLVD #403  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VPD ( ) Delete  
Name: NEISMITH, WILLIAM  
Address: 506 N GULF BLVD #305  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: STD ( ) Delete  
Name: BRAASCH, MICHELLE  
Address: 5407 S NOTTINGHAM  
City-St-Zip: CHICAGO, IL 60639

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIM DELANEY

PD

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date