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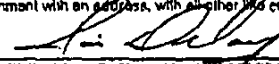
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CMC

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 027 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT #743476			
1. Entity Name PELICANS COVE ASSOCIATION, INC.			
Principal Place of Business 506 N GULF BLVD #504 INDIAN ROCKS BEACH, FL 34635		Mailing Address 506 N GULF BLVD #504 INDIAN ROCKS BEACH, FL 34635	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04282006		Chg-NP CR2E037 (4/06)	
4. FEI Number 59-1925120		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALL COUNTY PROPERTY MGMT. 2898 68TH ST. N. SAINT PETERSBURG, FL 33711		7. Name and Address of New Registered Agent Name COMMUNITY MANAGEMENT CONCEPTS Street Address (P.O. Box Number is Not Acceptable) 4175 EAST BAY DR SUITE 205 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 _____ DATE _____ Signature must be signed in ink and must be witnessed by a Notary Public. (NOTE: Registered Agent signature required when resigning)			
Filing Fee is \$81.25 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DELANEY, JIM 506 N GULF BLVD #403 INDIAN ROCKS BEACH, FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO NEISMITH, WILLIAM 506 N GULF BLVD #305 INDIAN ROCKS BEACH, FL 33785 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keith A. Beauregard ☐ Change ☒ Addition 2001 Howard St. Wheaton, IL 60187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRAASCH, MICHELLE 5407 S NOTTINGHAM CHICAGO, IL 60639 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 individuals empowered.			
SIGNATURE: 		April 28 2006 (727) 571-0775	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	