2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# 743803

Entity Name: PELICAN GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

170 ROOSEVELT DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-1968392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGEMENT
63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34240 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:	P	( ) Delete
Name:	MELILLI, LORY	
Address:	170 ROOSEVELT DRIVE #20	
City-St-Zip:	SARASOTA, FL 34236	
Title:	AS	( ) Delete
Name:	FESTA, JAMES	
Address:	8051N TAMIAMI AVE	
City-St-Zip:	SARASOTA, FL 34243	
Title:	D	( ) Delete
Name:	HOLLIFIELD, CHERYL	
Address:	7235 PROCTOR RD.	
City-St-Zip:	SARASOTA, FL 342419398	
Title:	T	( ) Delete
Name:	LUZADER, JOANN	
Address:	170 ROOSEVELT DRIVE #4	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	(X) Delete
Name:	FOUTZ, CHERIE	
Address:	170 ROOSEVELT DRIVE #14	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	(X) Delete
Name:	KIRCHNER, UTA	
Address:	170 ROOSEVELT DRIVE	
City-St-Zip:	SARASOTA, FL 34236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	FESTA, JAMES	
Address:	63 SARASOTA CENTER BLVD. SUITE 104	
City-St-Zip:	SARASOTA, FL 34243	
Title:	S	(X) Change ( ) Addition
Name:	FULTON, DONALD	
Address:	1479 BERGER ST.	
City-St-Zip:	ODENTON, MD 21113	
Title:	VP/S	(X) Change ( ) Addition
Name:	ROWELL, ALLYSON	
Address:	170 ROOSEVELT DRIVE #1	
City-St-Zip:	SARASOTA, FL 34236	
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 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: LORY MELLILI P 04/09/2006

Electronic Signature of Signing Officer or Director — Date