

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 743803

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**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:**

1801 GLENGARY STREET - FL. 1  
SARASOTA, FL 34231 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:**

PROGRESSIVE COMMUNITY MANAGEMENT, INC.  
1801 GLENGARY STREET - FL. 1  
SARASOTA, FL 34231 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  
Name: MELILLI, LOREEN  
Address: 170 ROOSEVELT DRIVE #20  
City-St-Zip: SARASOTA, FL 34236

Title: AS  
Name: MARKEL, JIM  
Address: 1801 GLENGARY STREET - FL. 1  
City-St-Zip: SARASOTA, FL 34231

Title: SD  
Name: KADETZ, STEVEN  
Address: 170 ROOSEVELT DRIVE #5  
City-St-Zip: SARASOTA, FL 34236

Title: VPTD  
Name: ROWELL, ALLYSON  
Address: 170 ROOSEVELT DRIVE #1  
City-St-Zip: SARASOTA, FL 34236

Title: AT  
Name: SUTTON, WILLIAM  
Address: 1801 GLENGARY STREET - FL. 1  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: JIM MARKEL

AS

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date