


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90154 001 \*\*\*\*61.25

<b>DOCUMENT # 744804</b> 1. Entity Name <b>PELICAN EAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CENTURY 21 SUNBELT REALTY 506 SW 47 TR CAPE CORAL, FL 33914 US</b>			Mailing Address <b>CENTURY 21 SUNBELT REALTY 506 SW 47 TR CAPE CORAL, FL 33914 US</b>		
2. Principal Place of Business <b>c/o American Condo Hgmt 615 Cape Coral Pkwy W #103 Cape Coral, FL 33914</b>			3. Mailing Address <b>c/o American Condo Hgmt. P.O. Box 100399 Cape Coral, FL 33910</b>		
Suite, Apt. #, etc. <b>615 Cape Coral Pkwy W #103</b>			Suite, Apt. #, etc. <b>P.O. Box 100399</b>		
City & State <b>Cape Coral, FL</b>			City & State <b>Cape Coral, FL</b>		
Zip <b>33914</b>			Zip <b>33910</b>		
Country <b>US</b>			Country <b>US</b>		
4. FEI Number <b>59-2404011</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>DRIFRA, BEVERLY C-21 SUNBELT REALTY CAPE CORAL, FL 33914</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>SUSAN KASE</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 American Condo MGMT INC 615 Cape Coral Pkwy W #103 Cape Coral FL 33914</b>		
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 <u><i>Susan Kase</i></u> <b>SUSAN KASE</b> <span style="float: right;">4/26/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>SANCHEZ, LINO</b> <b>309 W CAPE CORAL PKWY #203</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>NIGHTINGALE, SUZANNE</b> <b>309 W CAPE CORAL PKWAY #206</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>TERZIE, MARIA</b> <b>321 CAPE CORAL PKWY W 102</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WIEDERNANN, LINDA</b> <b>321 W CAPE CORAL PKWY #102</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BRANDY, IRENE</b> <b>309 W CAPE CORAL PKWY #202</b> <b>CAPE CORAL, FL 33914</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
<b>SIGNATURE:</b> <u><i>Lino Sanchez</i></u> <b>LINO SANCHEZ</b> <span style="float: right;">Res. 4/26/06 542-4404</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					