

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

DOCUMENT# 750995

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** PELICAN PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11350 66TH ST. N.  
SUITE 124  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

11350 66TH ST. N.  
SUITE 124  
LARGO, FL 33773 US

**New Mailing Address:**

**FEI Number:** 59-1956012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
11350 66TH ST N  
SUITE 124  
LARGO, FL 33773 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  
Name: SNIBBE, BOB  
Address: 5 PELICAN PLACE  
City-St-Zip: BELLEAIR, FL 33756

Title: S  
Name: KLECKNER, JULIE  
Address: 19 PELICAN PLACE  
City-St-Zip: BELLEAIR, FL 33756

Title: D  
Name: MARILYN, LOKEY  
Address: 11 PELICAN PLACE  
City-St-Zip: CLEARWATER, FL 33756

Title: T  
Name: ALLASTER, GEORGE  
Address: 31 PELICAN PLACE  
City-St-Zip: CLEARWATER, FL 33756

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: HOLIDAY ISLES PROPERTY MGMT

LCAM

01/04/2010

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

\_\_\_\_\_  
Date