


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90123 008 ****61.25

DOCUMENT # 752129	
1. Entity Name PELICAN PERCH CONDOMINIUM ASSOCIATION, INC.	

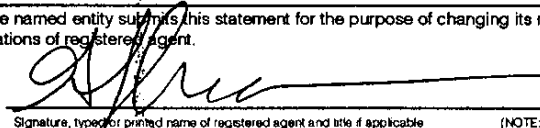
Principal Place of Business P.O. BOX 400 BRADENTON, FL 34206-0400 US	Mailing Address P.O. BOX 400 BRADENTON, FL 34206-0400 US
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2. Principal Place of Business 3007 AVENUE F	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Holmes Beach FL	City & State
Zip 34217	Country

	
03202006 Chg-NP	CR2E037 (11/05)
4. FEI Number 59-6674054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

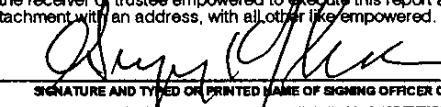
6. Name and Address of Current Registered Agent	
HENDRICKSON, ROBERT W III 1206 MANATEE AVENUE WEST BRADENTON, FL 34205-7518	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GREGORY K	NAME	
STREET ADDRESS	3007 AVENUE F	STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BARBARA K	NAME	
STREET ADDRESS	3007 AVENUE F	STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, SANDRA L	NAME	
STREET ADDRESS	12308M PADDOCK ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLEY, M. DEAN	NAME	
STREET ADDRESS	2005 MANATEE AVENUE WEST	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	
SIGNATURE: 	Date 3/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	