


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90240 005 ****61.25

DOCUMENT # 754099					
1. Entity Name WHITE PELICAN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 651 E. GULF DRIVE, P.O. BOX 694 SANIBEL, FL 33957			Mailing Address P.O. BOX 100 SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2647409	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMBECK, NICK 703 TARPON BAY RD STE B SANIBEL, FL 33957			Name <u>Steve Mackesy</u> Street Address (P.O. Box Number is Not Acceptable) <u>711 Tarpon Bay Road</u> Suite <u>D</u> City <u>Sanibel</u> <u>FL</u> <u>33957</u>		
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>[Signature]</u>		<u>Steven Mackesy</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>4-13-05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEOD, JOAN		NAME		
STREET ADDRESS	651 E GULF DRIVE, #114		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YENKOLE, JUDITH		NAME		
STREET ADDRESS	851 EAST DR 124		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MANNING, BETTY		NAME	DICK SCHREK	
STREET ADDRESS	651 EAST GULF DRIVE 131		STREET ADDRESS	651 EAST GULF DR #132	
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP	SANIBEL FL 33957	
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 exemption stated in Section 119.07(3)(i), 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: <u>Linda Courtney as agent</u>			Date <u>4/12/2005</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					