

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756012

FILED
Apr 05, 2009
Secretary of State

Entity Name: PELICAN POINT PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4521 PELICAN PT DRIVE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 510793
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2192624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCIER, GERTRUDE
4521 PELICAN POINTE DRIVE
PUNTA GORDA, FL 33950 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 () Delete
Name: MERCIER, GERTRUDE
Address: 4521 PELICAN POINTE DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP () Delete
Name: JONASZ, LOUIS
Address: 4420 PELICAN POINTE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: BREWSTER, VALERIE
Address: 4510 PELICAN PT DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD () Delete
Name: GADO, BONNIE
Address: 4241 PELICAN POINTE DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: HATHAWAY, PATRICIA
Address: 4415 PELICAN POINTE DR
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WALDROP, BONNIE
Address: 4241 PELICAN POINTE DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BONNIE WALDROP

TD

04/05/2009

Electronic Signature of Signing Officer or Director

Date