


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90087 002 \*\*\*\*61.25

<b>DOCUMENT # 756745</b>					
<b>1. Entity Name</b> PELICAN HARBOR CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3208 S.E. 12 ST. POMPANO BCH., FL 33062			<b>Mailing Address</b> 3208 S.E. 12 ST. POMPANO BCH., FL 33062		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MAC MILLAN, JOHN 3208 SE 12TH ST #203 POMPANO BEACH, FL 33062			Name <u>FLATHMANN, P</u> Street Address (P.O. Box Number is Not Acceptable) <u>3208 SE 12TH ST. #201</u> City <u>POMPANO BEACH</u> <u>FL</u> Zip Code <u>33062</u>		
<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.</b> SIGNATURE <u>Patricia Flathmann</u> (NOTE: Registered Agent signature required when renewing) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANTELLI, JACK		NAME		
STREET ADDRESS	3208 SE 12TH STREET #202		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH., FL		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLATHMANN, P		NAME	<u>FLATHMANN, P</u>	
STREET ADDRESS	3208 SE 12TH ST. #201		STREET ADDRESS	<u>3208 SE 12TH ST #201</u>	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	<u>POMPANO BEACH FL 33062</u>	
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAC MILLAN, JOHN		NAME	<u>HAUTH, KENNETH</u>	
STREET ADDRESS	3208 SE 12TH ST #203		STREET ADDRESS	<u>3208 SE 12TH ST #301</u>	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	<u>POMPANO BEACH, FL 33062</u>	
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		
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		
<b>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: <u>Patricia Flathmann</u>			Date <u>2/6/06</u> Daytime Phone # <u>954-942-0947</u>		