

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760330

FILED
Apr 24, 2006
Secretary of State

Entity Name: PELICAN COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6110 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

6110 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 59-2165573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSBRO, THOMAS J ESQ
3109 STIRLING RD
STE 300
FORT LAUDERDALE, FL 33312 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: DP () Delete
Name: DOWNE, HUGH
Address: 6110 N OCEAN BLVD #30
City-St-Zip: OCEANRIDGE, FL 33435

Title: DVP () Delete
Name: SMITH, FRED
Address: 6110 N OCEAN BLVD #29
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DS () Delete
Name: PECHET, MADELINE
Address: 6110 N OCEAN BLVD #21
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DT () Delete
Name: ROBINSON, RICHARD
Address: 6110 N OCEAN BLVD, #34
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D () Delete
Name: MEADE, JOHN
Address: 6110 N OCEAN BLVD, #12
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change () Addition
Name: RUSSEL, PETER
Address: 6110 N OCEAN BLVD #21
City-St-Zip: OCEAN RIDGE, FL 33435

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: HUGH DOWNE

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date