2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 760330

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
100 WEST DANIA BEACH BLVD
DANIA BEACH, FL 33004 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: RUSSEL, PETER
Address: 6110 N OCEAN BLVD #16
City-St-Zip: OCEANRIDGE, FL 33435

Title: DVP ( ) Delete
Name: SKYE, NORMA
Address: 6110 N OCEAN BLVD #5
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DS ( ) Delete
Name: WILKINSON, GARY
Address: 6110 N OCEAN BLVD #14
City-St-Zip: OCEAN RIDGE, FL 33435

Title: DT ( ) Delete
Name: ROSE, ROGER
Address: 6110 N OCEAN BLVD, #18
City-St-Zip: OCEAN RIDGE, FL 33435

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: ROBINSON, RICHARD
Address: 6110 N OCEAN BLVD #34
City-St-Zip: OCEAN RIDGE, FL 33435

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

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

Title: D (X) Change ( ) Addition
Name: SKYE, NORMA
Address: 6110 N OCEAN BLVD, #5
City-St-Zip: OCEAN RIDGE, FL 33435

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: PETER RUSSEL PRES 04/14/2009

Electronic Signature of Signing Officer or Director Date