

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90021 045 \*\*\*\*61.25

**DOCUMENT # 761561**

1. Entity Name  
**PELICAN POINT AT JACKSONVILLE BEACH  
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**PELICAN POINT CONDOMIN  
1901 NORTH FIRST ST  
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address  
**PELICAN POINT CONDOS  
1901 NORTH 1ST ST  
JACKSONVILLE BEACH, FL 32250 US**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2168361**

Applied For  
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEFANOWITZ, WILLIAM  
1901 FIRST STREET N  
# 100  
JACKSONVILLE BEACH, FL 32250**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 ☐ Delete  
NAME **LUCAS, WILLIAM D**  
STREET ADDRESS **1901 N 1ST ST**  
CITY-ST-ZIP **JACKSONVILLE BCH, FL 32250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME **SELLERS, COLETTE**  
STREET ADDRESS **1901 N 1ST, # 203**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete  
NAME ~~PARSONS, RICHARD~~  
STREET ADDRESS ~~1331 N 1ST ST~~  
CITY-ST-ZIP ~~JACKSONVILLE BEACH, FL 32250~~

TITLE ☐ Change ☒ Addition  
NAME **CONSTANCE STUMIN**  
STREET ADDRESS **1901 FIRST ST N. # 406**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE DVP ☐ Delete  
NAME **ROLLAND, JEFFREY**  
STREET ADDRESS **1801 TWELVE OAKS LN**  
CITY-ST-ZIP **NEPTUNE BEACH, FL 32266**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME **MONTGOMERY, ROD**  
STREET ADDRESS **1901 N. 1ST STREET**  
CITY-ST-ZIP **JACKSONVILLE BCH., FL 32250**

TITLE ☐ Change ☐ Addition  
NAME **SECRETARY**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~DS~~ ☒ Delete  
NAME ~~LOUCKS, VICKI~~  
STREET ADDRESS ~~1901 FIRST ST N~~  
CITY-ST-ZIP ~~JACKSONVILLE BEACH, FL 32240~~

TITLE ☐ Change ☒ Addition  
NAME **STEVE BUSAMAN**  
STREET ADDRESS **8603 SAN SERFERA DR. E.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

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.

SIGNATURE: William Stefanowitz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 904-241-7206  
Date Daytime Phone #