2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764051

FILED Apr 06, 2009 Secretary of State

Entity Name: PELICAN BAY YACHT CLUB PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5935 SKIMMER PT. BLVD. GULFPORT, FL 33707

Current Mailing Address: New Mailing Address:

C/O RESOURCE PROP MGMT
5901 SUN BLVD., # 200
59. PETERSBURG, FL 33715

C/O RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD., # 200
SP. PETERSBURG, FL 33715

FEI Number: 59-2235211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DILTS, PETER

C/O RESOURCE PROPERTY MGMT

5901 SUN BLVD

5901 SUN BLVD

SAINT PETERSBURG, FL 33715 US

RESOURCE PROPERTY MANAGEMENT

5901 SUN BLVD

SUITE 200

SAINT PETERSBURG, FL 33715 US

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: PETER DILTS, CMCA 04/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 RUSSELL, ED
 Name:
 DIECK, PETER

 Address:
 5950 PELICAN BAY PLAZA #402
 Address:
 5950 PELICAN BAY PLAZA #902

 City-St-Zip:
 GULFPORT, FL 33707 US
 GULFPORT, FL 33707 US

Name: STERN, BOB Name: STERN, BOB

 Address:
 5940 PELICAN BAY PLAZA 1201
 Address:
 5940 PELICAN BAY PLAZA #1201

 City-St-Zip:
 GULFPORT, FL 33707
 City-St-Zip:
 GULFPORT, FL 33707 US

Title: T () Delete Title: S/T (X) Change () Addition

Name: KUKLISH, JOE Name: LORIMER, REGINIA

 Address:
 5940 PELICAN BAY PLAZA 1202
 Address:
 5940 PELICAN BAY PLAZA # 501

 City-St-Zip:
 GULFPORT, FL 33707
 City-St-Zip:
 GULFPORT, FL 33707 US

Title: () Delete Title: D () Change (X) Addition

Name: Name: TIMPY, IRENE

 Address:
 Address:
 5950 PELICAN BAY PLAZA # 506

 City-St-Zip:
 City-St-Zip:
 GULFPORT, FL 33707 US

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 DILTS, CMCA MGR 04/06/2009