

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 035 ****61.25

DOCUMENT # N00000003114

1. Entity Name
PELICAN POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
165 MARLEN DR
MELBOURNE BEACH, FL 32951

Mailing Address
165 MARLEN DR
MELBOURNE BEACH, FL 32951



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3651528

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUNN, RANDY
165 MARLEN DR
MELBOURNE BEACH, FL 32951

**DO NOT WRITE
IN THIS SPACE**

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 Randy Bunn
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/24/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUNN, RANDY
STREET ADDRESS	165 MARLEN DR
CITY-ST-ZIP	MELBOURNE, FL 32951
TITLE	VP
NAME	UNGER, RICHARD
STREET ADDRESS	115 MARLEN DR
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	SECRETARY / TREASURER
NAME	NARINDAR GRAMDE
STREET ADDRESS	125 MARLEN DR.
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Randy Bunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

Date

321-953-8283

Daytime Phone #