2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N01000000029

Entity Name: PELICAN TRAIL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRITY PROP. MGMT.
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRITY PROP. MGMT.
953 UNIVERSITY DR.
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0640351 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A
7805 SW SIXTH COURT
PLANTATION, FL 33324 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: PD ( ) Delete
Name: KOPPERL, SID
Address: 11638 N.W. 48TH COURT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VD ( ) Delete
Name: RIGGI, ANTHONY
Address: 11659 N.W. 48TH CT.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD ( ) Delete
Name: STACHURA, SONDRA
Address: 4840 N.W. 116TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: SCHULMAR, IRA
Address: 4826 N.W. 117TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Delete
Name: MARENIC, JOHN
Address: 4783 NW 119TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: SID KOPPERL PD 05/06/2009
Electronic Signature of Signing Officer or Director — Date