


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90190 014 \*\*\*\*61.25

<b>DOCUMENT # N02000001689</b> 1. Entity Name PELICAN INN PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 534 GULF BOULEVARD PALM ISLAND, FL 33921 US			Mailing Address 15425 LAKE MAGDALENE BLVD. TAMPA, FL 33613 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03242005 Chg-NP CR2E037 (10/03) 4. FEI Number 46-0476240	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSSELL, SUSAN 15425 LAKE MAGDALENE BLVD. TAMPA, FL 33613				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BATSEL, C. GUY		NAME	Boyer, Jack	
STREET ADDRESS	PO BOX 363		STREET ADDRESS	P.O. Box 5145	
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP	Grove City, FL 34224	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BATSEL, DEBORAH J		NAME		
STREET ADDRESS	PO BOX 363		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILL, KIMBER		NAME		
STREET ADDRESS	7075 PLACIDA RD.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, SUSAN		NAME		
STREET ADDRESS	15425 LAKE MAGDALENE BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYER, ADINA		NAME	Dyer, Adina	
STREET ADDRESS	4815 LONDENDERRY DRIVE		STREET ADDRESS	4815 Londonderry Drive	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Tampa, FL 33647	
TITLE	P	<input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROOKS, ED		NAME	Rooks, Ed	
STREET ADDRESS	12208 BASS OAK COURT		STREET ADDRESS	12208 Bass Oak Court	
CITY-ST-ZIP	RIVERVIEW, FL 33569		CITY-ST-ZIP	Riverview, FL 33569	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/26/05 Daytime Phone #: 941-697-6996		