

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Aug 29, 2012**  
**Secretary of State**

DOCUMENT# N03000005470

**Entity Name:** PELICAN BAY ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD  
SUITE 476  
PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18001 OLD CUTLER ROAD  
SUITE 476  
PALMETTO BAY, FL 33157

**New Mailing Address:**

**FEI Number:** 20-1686951      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROUGH, CHADROW & LEVINE, P.A.  
1900 N. COMMERCE PARKWAY  
WESTON, FL 33326      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  
Name: ALONSO, DAVID  
Address: 8963 SW 210 TERRACE  
City-St-Zip: MIAMI, FL 33189

Title: VPD  
Name: GALDOS, ROLAND  
Address: 9074 SW 209TH TERRACE  
City-St-Zip: MIAMI, FL 33189

Title: TD  
Name: WU, LIJIA  
Address: 18001 OLD CUTLER RD, STE. 476  
City-St-Zip: PALMETTO BAY, FL 33157

Title: DS  
Name: ALVAREZ, MICHAEL  
Address: 20841 SW 88 COURT  
City-St-Zip: MIAMI, FL 33189

Title: D  
Name: THOMAS, DAWN  
Address: 9012 SW 208 TERRACE  
City-St-Zip: CUTLER BAY, FL 33189

I hereby 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 all other like empowered.

SIGNATURE: ALONSO, DAVID

P

08/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date