2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/21

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-21-2004 90098 001 ***461.25

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1. Entity Name
PROPERTY OWNERS ASSOCIATION OF PELICAN POINT, INC.

Principal Place of Business	Mailing Address
1590 S. SUNCOAST BLVD. HOMOSASSA, FL 34448	1590 S. SUNCOAST BLVD. HOMOSASSA, FL 34448

66430934

07142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
		3732 E. Gulf to Lake Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Inverness, FL	
Zip	Country	Zip: 34453	Country: USA

4. FEI Number: 20-1400566 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, JAMES R JR.
1590 S. SUNCOAST BLVD.
HOMOSASSA, FL 34448

7. Name and Address of New Registered Agent

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALDWELL, JAMES R JR.		NAME		
STREET ADDRESS	1590 S. SUNCOAST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	S,T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CALDWELL, LINDA		NAME		
STREET ADDRESS	1590 S. SUNCOAST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: James R. Caldwell, Jr 7/15/04 352-726-4352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #