


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90017 028 \*\*\*\*61.25

<b>DOCUMENT # N03980</b> 1. Entity Name <b>PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.</b>							
Principal Place of Business <b>C/O JEANNETTE WATSON 4 LAUGHING GULL LN EDGEWATER FL 32141-4213 US</b>			Mailing Address <b>C/O JEANNETTE WATSON 4 LAUGHING GULL LN EDGEWATER FL 32141-4213 US</b>				
2. Principal Place of Business <b>same as above</b> Suite, Apt. #, etc.		3. Mailing Address <b>same as above</b> Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2417355</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WATSON, JEANNETTE 4 LAUGHING GULL LANE PELICAN COVE EAST EDGEWATER FL 32141</b>				7. Name and Address of New Registered Agent Name <b>same as current</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <u><i>Jeannette Watson</i></u> <b>Jeannette Watson, Treasurer</b> <u>2/10/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERS, MARTHA 23 PELICAN LANE EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.Pres. Devilbiss, Sally 25 Pelican Drive Edgewater, Fl. 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Pres. HAMBLETON, GEORGE 18 PELICAN LANE EDGEWATER FL 32141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Lupien, Chris 12 Pelican Lane Edgewater, Fl. 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, CLYDE E 21 KINGFISHER LN EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buttery, Harry 33 Laughing Gull Lane Edgewater, Fl. 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERSPRILLE, BOB 12 PELICAN LANE EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, Art 24 Pelican Lane Edgewater, Fl. 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, RAYMOND 4 LAUGHING GULL LN EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Denvir, Sean 2 Blue Heron Drive Edgewater, F.;/ 32141	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATSON, JEANNETTE 4 LAUGHING GULL LANE EDGEWATER FL 32141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:** *Jeannette Watson* **(Jeannette Watson)** 2/10/04 (386) 427-8764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #