

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90044 050 \*\*\*\*61.25

**DOCUMENT # N03980**

1. Entity Name

PELICAN COVE EAST RESIDENT'S ASSOCIATION,  
INC.



Principal Place of Business

C/O JEANNETTE WATSON  
4 LAUGHING GULL LN  
EDGEWATER FL 32141-4213  
US

Mailing Address

C/O JEANNETTE WATSON  
4 LAUGHING GULL LN  
EDGEWATER FL 32141-4213  
US

2. Principal Place of Business

*Jeannette Watson*  
Suite, Apt. #, etc.  
*4 Laughing Gull Ln*  
City & State  
*Edgewater Fl.*  
Zip  
*32141*  
Country  
*Volusia*

3. Mailing Address

*Jeannette Watson*  
Suite, Apt. #, etc.  
*4 Laughing Gull Ln.*  
City & State  
*Edgewater, Fl.*  
Zip  
*32141*  
Country  
*Volusia*



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2417355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATSON, JEANNETTE  
4 LAUGHING GULL LANE  
PELICAN COVE EAST  
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

Name *Jeannette Watson*  
Street Address (P.O. Box Number is Not Acceptable)  
*4 Laughing Gull Ln*  
City *Edgewater* FL Zip Code *32141*

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 *Jeannette Watson, Treasurer*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*2/8/05*  
DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DEVILBISS, SALLY	
STREET ADDRESS	25 PELICAN DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAMBLETON, GEORGE	
STREET ADDRESS	18 PELICAN LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTERY, HARRY	
STREET ADDRESS	33 LAUGHING GULL LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, ART	
STREET ADDRESS	24 PELICAN LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENVIR, SEAN	
STREET ADDRESS	2 BLUE HERON DR.	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	T	<input type="checkbox"/> Delete
NAME	WATSON, JEANNETTE	
STREET ADDRESS	4 LAUGHING GULL LANE	
CITY-ST-ZIP	EDGEWATER FL 32141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Devilbiss, Sally	
STREET ADDRESS	25 Pelican Dr.	
CITY-ST-ZIP	Edgewater, FL., 32141	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buttery, Connie	
STREET ADDRESS	33 Laughing Gull Ln.	
CITY-ST-ZIP	Edgewater, FL., 32141	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lupien, Christine	
STREET ADDRESS	12 Pelican Lane	
CITY-ST-ZIP	Edgewater, FL., 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/8/05*  
Date

*(386) 427-8764*  
Daytime Phone #