

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90008 001 ****61.25

DOCUMENT # N03980 1. Entity Name PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.					
Principal Place of Business JEANNETTE WATSON PELICAN COVE E. RES. ASSOC. EDGEWATER, FL 32141 US			Mailing Address JEANNETTE WATSON 4 LAUGHING GULL LN EDGEWATER, FL 32141 US		
2. Principal Place of Business - No P.O. Box # <u>same as above</u> Suite, Apt. #, etc.		3. Mailing Address <u>same as above</u> Suite, Apt. #, etc.			
City & State Edgewater, Florida Zip Country 32141 Volusia		City & State Edgewater, Florida Zip Country 32141 Volusia		4. FEI Number 59-2417355	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WATSON, JEANNETTE 4 LAUGHING GULL LANE EDGEWATER, FL 32141					
7. Name and Address of New Registered Agent Name <u>Watson, Jeannette</u> Street Address (P.O. Box Number is Not Acceptable) <u>4 Laughing Gull Lane</u> City <u>Edgewater</u> FL Zip Code <u>32141</u>					
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>Jeannette Watson</u> February 5, 2008 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEVILBISS, SALLY 25 PELICAN DR. EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Anderson, Art 24 Pelican Lane Edgewater, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANDERSON, ART 24 PELICAN LANE EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hambleton, George 18 Pelican Lane Edgewater, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIDDLETON, JENNIE 22 PELICAN LANE EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Watson, Raymond 4 Laughing Gull Lane Edgewater, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRISWOLD, ALAN 20 PELICAN LANE EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weaver, Robert 24 Laughing Gull Lane Edgewater, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, JEANNETTE 4 LAUGHING GULL LANE EDGEWATER, FL 32141	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMBLETON, GEORGE 18 PELICAN LANE EDGEWATER, FL 32141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jeannette Watson</u> Jeannette Watson <u>2/5/08</u> <u>386-427-8764</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					