

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03980

FILED
Feb 05, 2009
Secretary of State

Entity Name: PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.

Current Principal Place of Business:

JEANNETTE WATSON
PELICAN COVE E. RES. ASSOC.
EDGEWATER, FL 32141 US

New Principal Place of Business:

VERNA G. JACOBSEN
PELICAN COVE E. RES. ASSOC.
EDGEWATER, FL 32141 US

Current Mailing Address:

JEANNETTE WATSON
4 LAUGHING GULL LN
EDGEWATER, FL 32141 US

New Mailing Address:

VERNA G. JACOBSEN
23 BLUE HERON DR.
EDGEWATER, FL 32141 US

FEI Number: 59-2417355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, JEANNETTE
4 LAUGHING GULL LANE
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

JACOBSEN, Verna G
23 BLUE HERON DR.
EDGEWATER, FL 32141 US

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: Verna G. Jacobsen

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, ART
Address: 25 PELICAN DR.
City-St-Zip: EDGEWATER, FL 32141

Title: VP () Delete
Name: ANDERSON, ART
Address: 18 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

Title: S () Delete
Name: MIDDLETON, JENNIE
Address: 22 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: GRISWOLD, ALAN
Address: 20 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

Title: T () Delete
Name: WATSON, JEANNETTE
Address: 4 LAUGHING GULL LANE
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: WATSORI, RAYMOND
Address: 4 LAUGHING GULL LANE
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMBLETON, GEORGE
Address: 18 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

Title: VP (X) Change () Addition
Name: ANDERSON, ART
Address: 24 PELICAN LANE
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JACOBSEN, Verna G
Address: 23 BLUE HERON DR.
City-St-Zip: EDGEWATER, FL 32141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: Verna G. Jacobsen

TREA

02/05/2009

Electronic Signature of Signing Officer or Director

Date