

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002111

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PELICAN PERCH TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1507 EAST LAS OLAS BLVD  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1507 EAST LAS OLAS BLVD  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 59-3782269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLONEY PROPERTY MANAGEMENT  
1507 EAST LAS OLAS BLVD  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS ( ) Delete  
Name: SCARAMELLINO, DANIEL  
Address: 783 ST. ALBANS DRIVE  
City-St-Zip: BOCA RATON, FL 33486

Title: DVP ( ) Delete  
Name: BEKOFF, NELSON D.  
Address: 2409 NW 49TH LANE  
City-St-Zip: BOCA RATON, FL 33431

Title: DS ( ) Delete  
Name: MARTIN, KEVIN  
Address: 2805 E. OAKLAND PARK BLVD., # 346  
City-St-Zip: FORT LAUDERDALE, FL 33306

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: SCOTT D. COLONEY

MGR

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date