

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000002406

1. Entity Name
PELICAN REEF MARINA ASSOCIATION, INC.



Principal Place of Business

1301 PLANTATION ISLAND DRIVE, UNIT 206-B
ST. AUGUSTINE, FL 32080

Mailing Address

1301 PLANTATION ISLAND DRIVE, UNIT 206-B
ST. AUGUSTINE, FL 32080



03152007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-2474711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, KATHERINE G.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000707422
04/24/07-80072-017 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME THOMPSON, PAUL J.
STREET ADDRESS 1301 PLANTATION ISLAND DRIVE, UNIT 206-B
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D
NAME THOMPSON, PIERRE D.
STREET ADDRESS 1301 PLANTATION ISLAND DRIVE, UNIT 206-B
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE D
NAME THOMPSON, SHIRLEY
STREET ADDRESS 1301 PLANTATION ISLAND DRIVE, UNIT 206-B
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Paul J. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/07 (904) 471-4800