2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002406

1. Entity Name
PELICAN REEF MARINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1301 PLANTATION ISLAND DRIVE, UNIT 206-B ST. AUGUSTINE, FL 32080	1301 PLANTATION ISLAND DRIVE, UNIT 206-B ST. AUGUSTINE, FL 32080

03182008   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
601 S PONCE DE LEON BLVD	P O DRAWER 70		
Suite, Apt. #, etc. STE B	Suite, Apt. #, etc.		
City & State ST AUGUSTINE FL	City & State ST AUGUSTINE FL	**4.** FEI Number 20-2474711	Applied For / Not Applicable
Zip 32084	Country USA	Zip 32085	Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JONES, KATHERINE G. 780 N. PONCE DE LEON BLVD. ST. AUGUSTINE, FL 32084	Name PAUL J THOMPSON Street Address (P.O. Box Number is Not Acceptable) 601 S PONCE DE LEON BLVD STE B City ST AUGUSTINE FL Zip Code 32084

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 PAUL J THOMPSON DIR.   3/20/2008
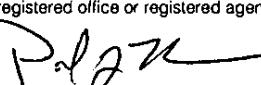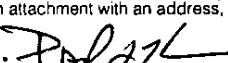
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	**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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

	10.		11.	
TITLE	D		TITLE D	☒ Change ☐ Addition
NAME	THOMPSON, PAUL J. ☐ Delete		NAME THOMPSON, PAUL J.	
STREET ADDRESS	1301 PLANTATION ISLAND DRIVE, UNIT 206-B		STREET ADDRESS 601 S PONCE DE LEON BLVD STE B	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP ST AUGUSTINE FL 32084	
TITLE	D		TITLE D	☒ Change ☐ Addition
NAME	THOMPSON, PIERRE D. ☐ Delete		NAME THOMPSON, PIERRE D	
STREET ADDRESS	1301 PLANTATION ISLAND DRIVE, UNIT 206-B		STREET ADDRESS 601 S PONCE DE LEON BLVD STE B	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP ST AUGUSTINE FL 32084	
TITLE	D		TITLE D	☒ Change ☐ Addition
NAME	THOMPSON, SHIRLEY ☐ Delete		NAME THOMPSON, SHIRLEY	
STREET ADDRESS	1301 PLANTATION ISLAND DRIVE, UNIT 206-B		STREET ADDRESS 601 PONCE DE LEON BLVD STE B	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080		CITY-ST-ZIP ST AUGUSTINE FL 32084	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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   3/20/2008   904 825 1754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #