2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# N05000002406

Entity Name: PELICAN REEF MARINA ASSOCIATION, INC.

Current Principal Place of Business:

601 S PONCE DE LEON BLVD
STE. B
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

105 MARINER HEALTH WAY
201
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

PO DRAWER 70
SAINT AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 20-2474711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, PAUL J
601 S PONCE DE LEON BLVD
STE. B
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

THOMPSON, PAUL J
105 MARINER HEALTH WAY
201
SAINT AUGUSTINE, FL 32086 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: _____ 04/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THOMPSON, PAUL J
Address: 601 S PONCE DE LEON BLVD. STE. B
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: THOMPSON, PIERRE D
Address: 601 S PONCE DE LEON BLVD. STE. B
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete
Name: THOMPSON, SHIRLEY
Address: 601 PONCE DE LEON BLVD. STE. B
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: THOMPSON, PAUL J
Address: 105 MARINER HEALTH WAY STE 201
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition
Name: THOMPSON, PIERRE D
Address: 105 MARINER HEALTH WAY STE 201
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Change ( ) Addition
Name: THOMPSON, SHIRLEY
Address: 105 MARINER HEALTH WAY STE 201
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: PAUL J. THOMPSON DIR 04/03/2009
Electronic Signature of Signing Officer or Director — Date