

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002406

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** PELICAN REEF MARINA ASSOCIATION, INC.

**Current Principal Place of Business:**

105 MARINER HEALTH WAY  
201  
SAINT AUGUSTINE, FL 32086

**New Principal Place of Business:**

**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  
105 MARINER HEALTH WAY  
201  
SAINT AUGUSTINE, FL 32086 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:** D  
**Name:** THOMPSON, PAUL J  
**Address:** 105 MARINER HEALTH WAY STE 201  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

**Title:** D  
**Name:** THOMPSON, PIERRE D  
**Address:** 105 MARINER HEALTH WAY STE 201  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

**Title:** D  
**Name:** THOMPSON, SHIRLEY  
**Address:** 105 MARINER HEALTH WAY STE 201  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL J THOMPSON

D

01/26/2012

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

\_\_\_\_\_  
Date