

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003451

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** PELICAN POINTE TOWNHOMES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2637 MCCORMICK DRIVE  
CLEARWATER, FL 33759

**New Principal Place of Business:**

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618

**Current Mailing Address:**

2637 MCCORMICK DRIVE  
CLEARWATER, FL 33759

**New Mailing Address:**

11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618

FEI Number: 20-2767964

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, RANDALL J  
2637 MCCORMICK DRIVE  
CLEARWATER, FL 33759 US

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

VIDE, AVELINO J  
11015 N DALE MABRY HWY  
SUITE A  
TAMPA, FL 33618 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: AVELINO VIDE

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BILLMAN, ROD  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: VD  
Name: SOOTS, KAREN  
Address: 11015 N DALE MABRY SUITE A  
City-St-Zip: TAMPA, FL 33618

Title: STD  
Name: MILLER, SHAUN  
Address: 11015 N DALE MABRY HWY SUITE A  
City-St-Zip: TAMPA, FL 33618

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: ROD BILLMAN

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date