2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05474

FILED Mar 18, 2008 Secretary of State

Entity Name: PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			Nev	New Principal Place of Business:			
PELICAN B WINTER PA	BAY ARK, FL 3279	2					
Current Mailing Address:			Nev	New Mailing Address:			
P.O. BOX 1 GOLDENR	75 OD, FL 32733	0175					
FEI Number: 59-2616320 FEI Number Applied For () FEI Nu			FEI Number	umber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Naı	me and	Address of	New Regist	tered Agent:
	BORAH CAN BAY TRAI ARK, FL 3279						
The above in the State		ubmits this statement for the pu	urpose of cha	anging it	s registered	office or reg	istered agent, or both,
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ager	nt			Da	ate
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BRYANT, ED 1401 PELICAN E WINTER PARK,				(()Change().	Addition
Title: Name: Address: City-St-Zip:	T () APPLE, DEBBIE 1448 PELICAN E WINTER PARK,	BAY TRAIL			T/S (APPLE, DEBI 1448 PELICA WINTER PAR	N BAY TRAIL	Addition
Title: Name: Address: City-St-Zip:	VP () LEMMON, BILL 1433 PELICAN E WINTER PARK,				(()Change()	Addition
Title: Name: Address: City-St-Zip:	D () JOHNSON, LEW 1416 PELICAN E WINTER PARK,	BAY TRAIL			(()Change().	Addition
Title: Name: Address: City-St-Zip:	D () ADAMS, DON 1417 PELICAN E WINTER PARK,				SWANSON, 0 3309 FISHER	(X) Change() CAROL RMAN'S COVE RK, FL 32792	Addition
Title: Name: Address: City-St-Zip:	S () WOLFORD, MIC 1424 PELICAN E WINTER PARK,	BAY TRAIL			WOLFORD,	N BAY TRAIL	Addition

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: DEBBIE APPLE T/S 03/18/2008