

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05474

FILED
Jan 20, 2009
Secretary of State

Entity Name: PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PELICAN BAY
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 175
GOLDENROD, FL 327330175

New Mailing Address:

FEI Number: 59-2616320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLE, DEBORAH
1448 PELICAN BAY TRAIL
WINTER PARK, FL 32792 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: P () Delete
Name: BRYANT, ED
Address: 1401 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: T/S () Delete
Name: APPLE, DEBBIE
Address: 1448 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: VP () Delete
Name: LEMMON, BILL
Address: 1433 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: JOHNSON, LEWIS
Address: 1416 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: SWANSON, CAROL
Address: 3309 FISHERMAN'S COVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: WOLFORD, MICHAEL
Address: 1424 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: APPLE, DEBBIE
Address: 1448 PELICAN BAY TRAIL
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SENFT, MARK
Address: 3317 OLDE WHARF RUN
City-St-Zip: WINTER PARK, FL 32792

Title: S (X) Change () Addition
Name: SWANSON, CAROL
Address: 3309 FISHERMAN'S COVE
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/20/2009

Electronic Signature of Signing Officer or Director

Date