

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003047

FILED
Apr 18, 2008
Secretary of State

Entity Name: PELICAN BAY HOMEOWNERS ASSOCIATION OF MARTIN COUNTY, INC.

Current Principal Place of Business:

859 S.W. CASHMERE BLVD.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

859 S.W. CASHMERE BLVD.
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-8433093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENWATER, BRUCE S
1601 FORUM PLACE
SUITE 1200
WEST PALM BEACH, FL 33401 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 P () Delete
Name: LUNDY, RICHARD C
Address: 5995 NW FAVIAN AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D VT () Delete
Name: RICH, JEROME L
Address: 3535 WINDSOR PLACE
City-St-Zip: BOCA RATON, FL 33496

Title: D S (X) Delete
Name: WHITT, NEIL
Address: 859 S.W. CASHMERE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: RICH, JODI L
Address: 3535 WINDSOR PLACE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEROME L RICH

DVT

04/18/2008

Electronic Signature of Signing Officer or Director

Date