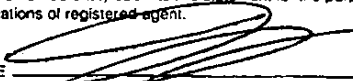
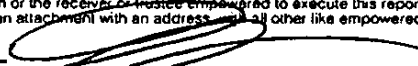


FILED
Jul 19, 2007 8:00 am
Secretary of State

66020487

DOCUMENT # N06000011574				07-05-2007 90061 017 ***61.25	
1. Entity Name PELICAN GRAND BEACH RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2000 N OCEAN BLVD FT LAUDERDALE, FL 33305		Mailing Address 2000 N OCEAN BLVD FT LAUDERDALE, FL 33305			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05242007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-5853336 ☒ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHMITT, THOMAS E 2000 N OCEAN BLVD FT LAUDERDALE, FL 33305				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHMITT, THOMAS E		NAME		
STREET ADDRESS	2000 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCHMITT, WILLIAM J		NAME		
STREET ADDRESS	2000 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HARRIS, KENNETH F		NAME		
STREET ADDRESS	2000 N OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL 33305		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recipient of the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address and all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					