

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06042

FILED
Feb 20, 2009
Secretary of State

Entity Name: PELICAN PLACE NORTH CONDOMINIUM ASSOCIATION OF BELLEAIR, INC.

Current Principal Place of Business:

11350 66TH ST N
SUITE 124
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

11350 66TH ST N
SUITE 124
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 59-2637945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
11350 66TH ST N
SUITE 124
LARGO, FL 33773 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: VPD () Delete
Name: BOWEN, MARILYN
Address: 41 PELICAN PLACE
City-St-Zip: BELLEAIR, FL 33756

Title: SD () Delete
Name: CUMMINGS, GEORGE ANNA
Address: 30 PELICAN PLACE
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Delete
Name: WOLKE, WILLIAM
Address: 63 PELICAN PLACE
City-St-Zip: BELLEAIR, FL 33756

Title: PD () Delete
Name: DESMARAIS, EDWIN
Address: 28 PELICAN PLACE
City-St-Zip: BELLEAIR, FL 33756

Title: D () Delete
Name: ALBRIGHT, MERRILEE
Address: 49 PELICAN PLACE
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ALLBRIGHT, MERRILEE
Address: 49 PELICAN PLACE
City-St-Zip: CLEARWATER, FL 33756

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

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

Title: D (X) Change () Addition
Name: LUDDEN, CAY
Address: 66 PELICAN PLACE
City-St-Zip: CLEARWATER, FL 33756

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: ED DESMARAIS

PD

02/20/2009

Electronic Signature of Signing Officer or Director

Date