## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001728

FILED Apr 30, 2009 Secretary of State

Entity Name: PELICAN BAY TOWNHOUSE RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
234 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301					
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	E PLAZA DRIVI SSEE, FL 32301				
FEI Number:	03-0474983	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PROCTOR, JULIAN JR 227 S CALHOUN STREET TALLAHASSEEE, FL 32301 US  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.					
SIGNATUR		Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: City-St-Zip:	ENNIS, ERIN 1432 DENHOLM TALLAHASSEE, I TD () [ PERKINS, EVER. 234 OFFICE PLA TALLAHASSEE, I SD () [ CLARK, DAN 5175 CHARLEMA JACKSONVILLE,	Pelete ALL ZA DRIVE FL 32301  Delete AGNE DRIVE FL 32210  Delete WART OX 4288	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition  ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () E RUSSELL, DIXIE 1690 RAYMOND TALLAHASSEE, I	DIEHL RD. C-6	Title: Name: Address: City-St-Zip:	() Change () 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: EVERALL D. PERKINS TD 04/30/2009