2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N07000010589

Entity Name: PELICAN POINTE WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

754 BACK NINE DRIVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

754 BACK NINE DRIVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-1352141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLITOR, HELEN
754 BACK NINE DRIVE
VENICE, FL 34285 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:	PD	( ) Delete
Name:	FREDERICK, FRAN	
Address:	1913 SAN SILVESTRO DRIVE	
City-St-Zip:	VENICE, FL 34285	
Title:	VPD	( ) Delete
Name:	MCCREE, JOANNE	
Address:	1327 TUSCANY BLVD.	
City-St-Zip:	VENICE, FL 34295	
Title:	DS	( ) Delete
Name:	FAIRLIE, GAIL	
Address:	1236 TUSCANY BLVD.	
City-St-Zip:	VENICE, FL 34292	
Title:	TD	( ) Delete
Name:	MOLITOR, HELEN	
Address:	754 BACK NINE DRIVE	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	MALONE, BONNIE	
Address:	9940 CHICKADEE DRIVE	
City-St-Zip:	VENICE, FL 34285	
Title:	D	( ) Delete
Name:	HARRISON, ANNE	
Address:	811 BLUE CRANE DRIVE	
City-St-Zip:	VENICE, FL 34285	

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:	
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: HELEN MOLITOR TD 01/30/2009

Electronic Signature of Signing Officer or Director — Date