

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N08417

1. Entity Name
PELICAN POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**%STEPHEN C. REILLY
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32308-3240**

Mailing Address
**%STEPHEN C. REILLY
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32308-3240**



04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-2846511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REILLY, STEPHEN C.
3705 WICKLOW CIRCLE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
REILLY, STEPHEN C.
3705 WICKLOW CIRCLE
TALLAHASSEE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
ARMISTEAD, WALTER
BOX 2 ST GEORGE ISLAND
EAST POINT, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
YONCLAS, NICHOLAS
P.O. BOX 386 (N/A)
EAST POINT, FL 32328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000307300
04/15/05-80049-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NICHOLAS YONCLAS

4/14/05

**(850)
670-1616**

SECRETARY / TREASURER