

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

CLERK OF THE CIRCUIT COURT
DIVISION OF CORPORATIONS
06 MAY -8 AM 9:15



05062006 No Chg-NP CR2E037 (4/06)

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

000075109510
05/24/06--01004--005 **61.25

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IN THIS SPACE**

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 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: Stephen C. Reilly 5/1/06 (850) 893-8551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams MAY - 8 2006