


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N08417 1. Entity Name PELICAN POINT HOMEOWNERS' ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

FILED

07 MAY 15 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-2846511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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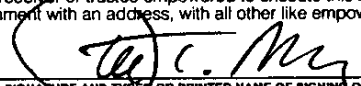
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REILLY, STEPHEN C. 3705 WICKLOW CIRCLE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ARMISTEAD, WALTER BOX 2 ST GEORGE ISLAND EAST POINT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD YONCLAS, NICHOLAS P.O. BOX 386 (N/A) EAST POINT, FL 32328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE

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05/23/07--01013--016 \*\*61.25

K. Eckel MAY 15 2007

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:  S/11/07 (850) 893-8551

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #