

**2008 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

FILED

08 MAR 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03212008 No Chg-NP

CR2E037 (4/06)

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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, 2008**

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

300121071393
03/24/08--01011--001 **61.25

**DO NOT WRITE
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Stephen C. Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

(850) 893-
Daytime Phone #