

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 13, 2009  
Secretary of State**

DOCUMENT# N08417

Entity Name: PELICAN POINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

%STEPHEN C. REILLY  
3705 WICKLOW CIRCLE  
TALLAHASSEE, FL 323083240

**Current Mailing Address:**

**New Mailing Address:**

%STEPHEN C. REILLY  
3705 WICKLOW CIRCLE  
TALLAHASSEE, FL 323083240

FEI Number: 26-2846511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REILLY, STEPHEN C.,  
Address: 3705 WICKLOW CIRCLE  
City-St-Zip: TALLAHASSEE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: ARMISTEAD, WALTER,  
Address: BOX 2 ST GEORGE ISLAND  
City-St-Zip: EAST POINT, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD ( ) Delete  
Name: YONCLAS, NICHOLAS  
Address: P.O. BOX 386 (N/A)  
City-St-Zip: EAST POINT, FL 32328

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: STEPHEN C REILLY

PD

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date