2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N08695

Entity Name: PELICAN HARBOR BOATMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

904 SE 5TH AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

904 SE 5TH AVE.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2606325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAGHER, JOSEPH M
904 SE 5TH AVE.
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	SAKALA, BRUCE	
Address:	300 CAPTAIN'S WALK #104	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	TD	( ) Delete
Name:	LOTTO, LOU	
Address:	309 PELICAN WAY	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	SD	( ) Delete
Name:	JONES, DANELLE	
Address:	597 PELICAN WAY	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	D	( ) Delete
Name:	WARD, GARY	
Address:	164 HARBOR CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	VPD	( ) Delete
Name:	GUARINO, THOMAS	
Address:	3595 EMSIGN CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33483	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	STARIN, HARVEY	
Address:	3596 ADMIRALS WAY	
City-St-Zip:	DELRAY BEACH, FL 33483 US	
Title:	VPD	(X) Change ( ) Addition
Name:	GUARINO, THOMAS	
Address:	3595 ENSIGN CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33483	

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: BRUCE SAKALA PD 03/15/2009

Electronic Signature of Signing Officer or Director — Date