2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09036

FILED Apr 07, 2008 Secretary of State

Entity Name: THE PELICANS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
	LETCHER AV DINA BEACH,				
Current Mailing Address:			New Mailing Address:		
PO BOX 1 'ULEE, F	987 L 320411987				
El Number	: 59-2542342	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Status Desired ()	
lame and	d Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:	
PROPER ⁻ 163499 SF /ULEE, F	R 200	MENT SYSTEMS INC S			
	e named entity e of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both	
SIGNATU	RE:				
	Flectro	nic Signature of Registered Ag	ent	Date	
		3	,	Bato	
)FFICER	S AND DIRE			/CHANGES TO OFFICERS AND DIRECTO	
OFFICER itle: lame: ddress: city-St-Zip:	S AND DIRECT PD (THOMAS, GIN 577 ST ANDR	CTORS:) Delete GER EWS COURT			
itle: lame: .ddress:	PD (THOMAS, GIN 577 ST ANDR CONYERS, G VPD (PENDLEY, KA 1603 SEMINO	CTORS:) Delete GER EWS COURT A 30094 US) Delete	ADDITIONS Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO	
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	PD (THOMAS, GIN 577 ST ANDR CONYERS, G VPD (PENDLEY, KA 1603 SEMINO WAYCROSS, TD (STALNAKER, 161 S FLETCI	DECTORS:) Delete IGER EWS COURT A 30094 US) Delete ILE SPRINGS RD GA 31501 US) Delete JACK	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address:	CHANGES TO OFFICERS AND DIRECTO	
ritle: lame: .ddress: bity-St-Zip: ritle: lame: .ddress:	PD (THOMAS, GIN 577 ST ANDR CONYERS, G VPD (PENDLEY, KA 1603 SEMINO WAYCROSS, TD (STALNAKER, 161 S FLETCI FERNANDINA SD (HENSON, KAT 23 RIVERCOL	DETORS:) Delete IGER EWS COURT A 30094 US) Delete LYE DE SPRINGS RD GA 31501 US) Delete JACK HER AVE BEACH, FL 32034 US) Delete THRYN	ADDITIONS Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	() Change () Addition () Change () Addition	

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: TERRELL J POWELL RA 04/07/2008