2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09623

FILED Mar 05, 2009 Secretary of State

Entity Name: PELICAN POINTE OF SEBASTIAN I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
	RSIDE DRIVE N, FL 32958	US				
Current Mailing Address:			New Mailing Address:			
835 20TH F VERO BEA	PL ACH, FL 32960	US				
FEI Number:	65-0021346	FEI Number Applied For ()	FEI Nur	nber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
3055 CARE VERO BEA	N, CHARLES E DINAL DR. STE ACH, FL 32963 named entity su	i. 302 US	ourpose o	of changing it	s registered office or registered agent, or both,	
in the State		·	•	0 0		
SIGNATUR		o Signature of Degistered Age	ont		 Date	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S () Delete YOUNG, BARBARA 9610 RIVERSIDE DR. #106 VERO BEACH, FL 32958			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () Delete RIEGEL, BOB 9612 RIVERSIDE DRIVE #303 SEBASTIAN, FL 32958			Title: Name: Address: City-St-Zip:	VP (X) Change () Addition GEORGE, JOSEPH 9610 RIVERSIDE DRIVE #101 SEBASTIAN, FL 32958	
Title: Name: Address: City-St-Zip:	VP () Delete FIELDS, DOUGLAS 9010 RIVERSIDE DR #104 VERO BEACH, FL 32958			Title: Name: Address: City-St-Zip:	T (X) Change () Addition FIELDS, DOUGLAS 9010 RIVERSIDE DR #104 VERO BEACH, FL 32958	
Title: Name: Address: City-St-Zip:	P () Delete MCCAMMACK, MARSHALL 9610 RIVERSIDE DR #302 SEBASTIAN, FL 32958			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP ()[HACKERT, DON 9610 RIVERSIDE SEBASTIAN, FL			Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition RICHARDSON, DOROTHY 9612 RIVERSIDE DRIVE #102 SEBASTIAN, FL 32958	

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: MARSHALL MCCAMMACK P 03/05/2009