

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90026 009 \*\*\*\*61.25

**DOCUMENT # N13775**

1. Entity Name

**PELICAN BY THE BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

1901 N. SURF RD  
HOLLYWOOD FL 33019

Mailing Address

8714 N.W. 149TH TERRACE  
HIALEAH FL 33018



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0105044

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ ABOUJAOUDE, GRETCEL**  
~~ALLEN, ROBERT A~~  
C/O PELICAN CONDO 8714 N.W. 149TH TERRACE  
HIALEAH FL 33018

Name: **GRETCEL DIAZ ABOUJAOUDE**  
Street Address (P.O. Box Number is Not Acceptable)  
**8714 NW 149th TERRACE**  
**Hialeah**  
City **FL** Zip Code **33018**

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]*

2-26-08

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **DIAZ ABOUJAOUDE, GRETCEL**  
STREET ADDRESS **8714 N.W. 149TH TERRACE**  
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **TD** ☒ Delete  
NAME **CABRAL, SANDRA**  
STREET ADDRESS **28 CUSHMAN AVE.**  
CITY-ST-ZIP **EAST PROVIDENCE RI 02914**

TITLE **TD** ☐ Delete  
NAME **ALLEN, ROBERT A**  
STREET ADDRESS **112 HANIAN DR.**  
CITY-ST-ZIP **WEYMOUTH MA 02189**

TITLE **SD** ☐ Delete  
NAME **EHRlich, PATRICIA**  
STREET ADDRESS **26 HEATH ST**  
CITY-ST-ZIP **QUINCY MA 02171**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

Date

Daytime Phone #