

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N21069 1. Entity Name PELICAN BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business C/O KIM SMITH 4402 HICKORY COURT BRANDON, FL 33511	Mailing Address C/O KIM SMITH 4402 HICKORY COURT BRANDON, FL 33511
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04072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0048116	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, KIM 4402 HICKORY COURT BRANDON, FL 33511
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**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, KIMBERLY J 4402 HICKORY COURT BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMERON, HAROLD P.O. BOX 24268 N/A LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGLE, ROBERT 324 S SHORE RD ABSECON, NJ 08201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/06-80112-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kimberly J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-06 813-681-2818
Date Daytime Phone #