


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N21069</b> 1. Entity Name <b>PELICAN BAY CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>C/O KIM SMITH 4402 HICKORY COURT BRANDON, FL 33511</b>	Mailing Address <b>C/O KIM SMITH 4402 HICKORY COURT BRANDON, FL 33511</b>
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03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0048116</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, KIM  
4402 HICKORY COURT  
BRANDON, FL 33511**

**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, 2007**

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

U000000664069  
03/22/07-80030-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	SMITH, KIMBERLY J
STREET ADDRESS	4402 HICKORY COURT
CITY- ST- ZIP	BRANDON, FL 33511

TITLE	SD
NAME	CAMERON, HAROLD
STREET ADDRESS	P.O. BOX 24268 N/A
CITY- ST- ZIP	LAKELAND, FL

TITLE	PD
NAME	ENGLE, ROBERT
STREET ADDRESS	324 S SHORE RD
CITY- ST- ZIP	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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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KIMBERLY J. SMITH**

Date

**3-7-07**

Daytime Phone #

**813-681-2818**