


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 004 ****61.25

DOCUMENT # N22709 1. Entity Name PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC.					
Principal Place of Business 10986 W COVE HARBOR DR BOX 4 BOX 4 CRYSTAL RIVER, FL 34428 US			Mailing Address 10986 W COVE HARBOR DR BOX 4 BOX 4 CRYSTAL RIVER, FL 34428 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2956464	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEANNE HADSELL, CITRUS MGMT SE 13 DOGWOOD DR SUITE 14 HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name <u>Bosshardt Property Mgmt, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) _____ <u>25 E. Silver Springs Blvd</u> City <u>Ocala</u> FL <u>34470</u>	
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 <u>[Signature]</u> DATE <u>3/26/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOWETT, RICHARD MR 10934 W. COVE HARBOR DR. CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOBLE, SANDRA 10976 W. COVE HARBOR DRIVE CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORFLEET, KEN 211 N LADONIA TERR. CRYSTAL RIVER, FL 34428	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kim Hardy 19831 NW 123 Ct. Micanopy, FL 32667 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLZ, JOSEPH 11020 W. COVE HARBOR DR CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAEFER, JOHN 10936 W. COVE HARBOR DR. CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <u>Schaefer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					