2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22709

FILED May 07, 2009 Secretary of State

Entity Name: PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC.

Current Principal Place of Business: New Principal Place of Business:

10986 W COVE HARBOR DR BOX 4 10986 W COVE HARBOR DR CRYSTAL RIVER, FL 34428 BOX 4 US

CRYSTAL RIVER, FL 34428

New Mailing Address: Current Mailing Address:

10986 W COVE HARBOR DR 10986 W COVE HARBOR DR BOX 4 BOX 4 CRYSTAL RIVER, FL 34428 US

CRYSTAL RIVER, FL 34428

FEI Number: 59-2956464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STAUFF, JENNIFER 10986 W. COVE HARBOR DR. CRYSTAL RIVER, FL 34428

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

JOWETT, RICHARD MR JOWETT, RICHARD Name: Name: 10934 W. COVE HARBOR DR. Address: 10934 W. COVE HARBOR DR Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: CRYSTAL RIVER, FL 34428

(X) Change () Addition Title: SD () Delete Title: NOBLE, SANDRA Name: NOBLE, SANDRA Name:

Address: 10976 W. COVE HARBOR DRIVE Address: 10976 W. COVE HARBOR DR City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: CRYSTAL RIVER, FL 34428

Title: () Delete Title: (X) Change () Addition HARDY, KIM BAXLEY, ARTIE Name: Name:

19831 NW 123 CT 5011 NW 62ND CT Address: Address: City-St-Zip: MICANOPY, FL 32667 City-St-Zip: GAINESVILLE, FL 32653

Title: () Delete Title: D (X) Change () Addition

Name: AVELLZ, JOSEPH Name: NOVINGER, CARRIE 11020 W. COVE HARBOR DR Address: Address: 13747 NE 47TH AVE City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: ANTHONY, FL 32617

Title: () Delete Title: (X) Change () Addition

SCHAEFER, JOHN SCHAEFER, JOHN Name: Name:

10936 W. COVE HARBOR DR. 10936 W. COVE HARBOR DR Address: Address: City-St-Zip: CRYSTAL RIVER, FL 34428 City-St-Zip: CRYSTAL RIVER, FL 34428

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.

Ρ SIGNATURE: JOHN SCHAEFER 05/07/2009