

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 003 ****61.25

DOCUMENT # N28623 1. Entity Name PELICAN WALK #1 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 290 CELESTIAL WAY JUNO BEACH, FL 33408			Mailing Address C/O PELICAN WALK CONDO. 7115 VENETIAN WAY WEST PALM BEACH, FL 33408 PELICAN WALK CONDO		
2. Principal Place of Business		3. Mailing Address 290 CELESTIAL WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT. 4			
City & State		City & State JUNO BEACH FL.			
Zip	Country	Zip 33408	Country USA	4. FEI Number 59-2093351	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARINO, MICHAEL 290 CELESTIAL WAY UNIT 2 JUNO BEACH, FL 33408			7. Name and Address of New Registered Agent Name WILLIAM WEDRAL Street Address (P.O. Box Number is Not Acceptable) 290 CELESTIAL WAY APT. 4 City JUNO BEACH FL Zip Code 33408		
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><i>William Wedral</i></u> President, Pelican Walk 2/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD MARINO, MICHAEL 290 CELESTIAL WAY, #2 JUNO BCH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEDRAL, WILLIAM 290 CELESTIAL WAY #4 JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEDRAL, WILLIAM 290 CELESTIAL WAY #4 JUNO BCH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARINO, MICHAEL 290 CELESTIAL WAY #2 JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CARTER, GARY 15 HUNTLEY DR. PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WEDRAL, ELAINE 290 CELESTIAL WAY #4 JUNO BEACH, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<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	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	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><i>William R. Wedral</i></u> William R. WEDRAL 2/23/06 561-799-4019 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					