

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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.
290 CELESTIAL WAY APT 4
JUNO BEACH, FL 33408**



03252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2093351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEDRAL, WILLIAM
290 CELESTIAL WAY
APT 4
JUNO BEACH, FL 33408**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000876080
04/11/08-80059-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEDRAL, WILLIAM 290 CELESTIAL WAY APT 4 JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARINO, MICHAEL 290 CELESTIAL WAY APT 2 JUNO BCH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD WEDRAL, ELAINE 290 CELESTIAL WAY APT 4 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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

William R. Wedral
William R. WEDRAL

3/25/08

Date

561-799-4019

Daytime Phone #