

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31832

FILED
Jan 24, 2008
Secretary of State

Entity Name: PELICAN BEACH CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4535 COQUINA RD.
OCEAN RIDGE,, FL 33435

New Principal Place of Business:

Current Mailing Address:

8190 JOG RD
SUITE 200
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-0244164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARLING, STEVE
4535 COQUINA RD.
OCEAN RIDGE,, FL 33435 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DARLING, STEVE
Address: 4535 COQUINA RD
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: VD () Delete
Name: CROPPER, SANDRA
Address: 4525 COQUINA RD
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: TD () Delete
Name: CROPPER, REESE
Address: 4525 COQUINA RD
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: SD () Delete
Name: SHANLEY, LYN
Address: 4545 COQUINA RD
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: D () Delete
Name: SHANLEY, MICHAEL
Address: 4545 COQUINA ROAD
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: D () Delete
Name: DARLING, JANIS
Address: 4535 COQUINA ROAD
City-St-Zip: OCEAN RIDGE, FL 33435 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JANIS DARLING

D

01/24/2008

Electronic Signature of Signing Officer or Director

Date