2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State

	ANNUAL		Secretary or State				
DOCUMENT # N42066 1. Entity Name PELICAN REEF HOMEOWNERS ASSOCIATION, INC.					05-05-2006 9017		1.25
Principal Place of Business 1301 PLANTATION ISLAND DR. SUITE 206B SAINT AUGUSTINE, FL 32-0805 US		Mailing Address PO DRAWER 70 ST. AUGUSTINE, FL 32085-070 US			69036874 		H A I COL
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122006 Ct	ng-NP CR2E	E037 (11/05)	
City & State		City & State		4. FEI Number 59-305077	4. FEI Number Applied For 59-3050776 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Addit Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Add	ress of New Registers	d Agent	
THOMPSON, PIERRE D 1301 PLANTATION ISLAND DRIVE SUITE #206B SAINT AUGUSTINE, FL 32080			Steel form	Jamen AV Management Services Leger Address (P.O. Agox Neymberlis Not Addreptable) St. Augustine FL Jim Cooks			
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FRing Fee is \$61.25 Due by May 1, 2006 9. Election Carry Trust Fund Co				\$5.00 May Be Added to Fees	!	eck payable to partment of Sta	
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGI	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PIERRE D. 1301 PLANTATION ISLAND DR., SAINT AUGUSTINE, FL 32080	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	Bryan chercirc	☐ Channe	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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:

IGNATURE AND TYPED ON PRINTED NAME OF SUSHING OFFICER OR DIRECTOR

5/3/06

Date

00/E/a

Daytme Phone #