


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90168 011 \*\*\*\*61.25

**DOCUMENT # N42066**

1. Entity Name  
 PELICAN REEF HOMEOWNERS ASSOCIATION, INC.



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

40067116



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
 59-3050776

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MAY MANAGEMENT SERVICES  
 5455 A1A SOUTH  
 SAINT AUGUSTINE, FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$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	P	<input type="checkbox"/> Delete
NAME	BRYAN, JOSE A	
STREET ADDRESS	1260 OYSTER CACHER CIR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SLALE, DENNIS	
STREET ADDRESS	118 SPOON BILL CT	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ABARE, WILLIAM	
STREET ADDRESS	120 SPARTINA AVE	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, SUSAN	
STREET ADDRESS	138 SPARTINA	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JACK JAY	
STREET ADDRESS	120 PELICAN REEF DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_ Date: 4/17/07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR