

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90063 017 \*\*\*\*61.25

<b>DOCUMENT # N93000003311</b> 1. Entity Name <b>LES PELICANS (THE PELICANS) CONDOMINIUM ASSOCIATION OF DADE COUNTY, INC.</b>					
Principal Place of Business <b>18260 N BAY RD #200 NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>2035 HARDING ST STE 200 HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0334965</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BERNARD, MARIO</b>		NAME	<b>Michael Audette</b>	
STREET ADDRESS	<b>18260 N. BAY ROAD #520</b>		STREET ADDRESS	<b>18260 N. Bay Road, Unit #716</b>	
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PEPIN, ANDRE</b>		NAME	<b>Mario Bernard</b>	
STREET ADDRESS	<b>18260 N. BAY ROAD #518</b>		STREET ADDRESS	<b>18260 N. Bay Road, Unit #520</b>	
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAHAM, BONNIE</b>		NAME	<b>Rene Perreault</b>	
STREET ADDRESS	<b>18260 N BAY RD., #602</b>		STREET ADDRESS	<b>18260 N. Bay Road, Unit #720</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRAHAM, JAMES</b>		NAME	<b>Yves Bigras</b>	
STREET ADDRESS	<b>18260 N BAY RD., #602</b>		STREET ADDRESS	<b>18260 N. Bay Road, Unit #704</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH, FL 33160</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PERREAULT, ROBERT</b>		NAME	<b>Yolande Asselin</b>	
STREET ADDRESS	<b>18260 N. BAY ROAD #606</b>		STREET ADDRESS	<b>18260 N. Bay Road, Unit #306</b>	
CITY-ST-ZIP	<b>SUNNY ISLES, FL 33160</b>		CITY-ST-ZIP	<b>North Miami Beach, FL 33160</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					