

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90231 005 \*\*\*\*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 # <b>10112 USA Today Way</b> Suite, Apt. #, etc. <b>mir</b> City & State <b>Miramar, FL</b> Zip <b>33025</b>		3. Mailing Address <b>10112 USA Today Way</b> Suite, Apt. #, etc. <b>Miramar</b> City & State <b>Florida</b> Zip <b>33025</b>	
Country <b>Broward</b>		Country <b>FL</b>	
4. FEI Number <b>65-0334965</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MEYROWITZ, ANDREW C/O DCI 2035 HARDING ST SUITE 200 HOLLYWOOD, FL 33020</b>		7. Name and Address of New Registered Agent Name <b>Barbara Herndon</b> Street Address (P.O. Box Number is Not Acceptable) <b>10112 USA Today Way</b> City <b>Miramar</b> <b>FL</b> Zip Code <b>33025</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AUDETTE, MICHAEL 18260 NORTH BAY RD SUITE 716 NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Alexis Duplain #712 18260 N Bay Rd. Miramar, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BERNARD, MARIO 18260 NORTH BAY RD UNIT 520 NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mario Bernard 18260 N Bay Rd. #520 Miramar, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PERREAULT, RENE 18260 NORTH BAY RD UNIT 720 NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIGRAS, YVES 18260 NORTH BAY RD UNIT 704 NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ASSELIN, YOLANDE 18260 NORTH BAY RD UNIT 306 NORTH MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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.			
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	