


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90280 041 ****70.00

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| DOCUMENT # N94000000233 |  |
| 1. Entity Name PELICAN PIER HOMEOWNERS ASSOCIATION, INCORPORATED | |

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| Principal Place of Business 23 RIVERVIEW DR ELLENTON, FL 34222 US | Mailing Address 23 RIVERVIEW DR ELLENTON, FL 34222 US |
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| 2. Principal Place of Business 3 Oak Dr. | 3. Mailing Address 3 Oak Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State Ellenton, FL | City & State Ellenton, FL |
| Zip 34222 | Zip 34222 |
| Country US | Country US |



03272006 Chg-NP CR2E037 (11/05)

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| 6. Name and Address of Current Registered Agent MONTGOMERY, DAVID P 2103 MANATEE AVENUE WEST BRADENTON, FL 34205 | |
| 7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KING, KERMIT 71 BASTIN DRIVE ELLENTON, FL 34222 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Richard O. Hunt 3 Oak Dr. Ellenton, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THOMPSON, EARL C 22 HERON DRIVE ELLENTON, FL 34222 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Charles VAN HALL 36 Riverview Dr. Ellenton, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BATES, DELORES 18 HERON DR ELLENTON, FL 34222 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD John Gasell 50 Palm Dr. Ellenton, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CAPELLO, PEARL 23 RIVERVIEW DR ELLENTON, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D William Frisbie 51 Palm Dr. Ellenton, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD SINGLETON, JAMES 72 BASIN DR ELLENTON, FL 34222 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Linda Thompson 24 Heron Dr. Ellenton, FL 34222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Richard O. Hunt **4/1/06** **941-722-8588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #