

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N94000000233

1. Entity Name

**PELICAN PIER HOMEOWNERS ASSOCIATION,
INCORPORATED**



Principal Place of Business

Mailing Address

**7 OAK DR
ELLENTON FL 34222
US**

**7 OAK DR
ELLENTON FL 34222
US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0577392

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

**MONTGOMERY, DAVID P
2103 MANATEE AVENUE WEST
BRADENTON FL 34205**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

TITLE ☐ Delete
NAME **PD BENNETT, DOUG**
STREET ADDRESS **7 OAK DR**
CITY- ST- ZIP **ELLENTON FL 34222**

TITLE ☐ Delete
NAME **VD VAN HALL, CHARLES**
STREET ADDRESS **36 RIVERVIEW DR**
CITY- ST- ZIP **ELLENTON FL 34222**

TITLE ☐ Delete
NAME **TD GASELL, JOHN**
STREET ADDRESS **50 PALM DR**
CITY- ST- ZIP **ELLENTON FL 34222**

TITLE ☐ Delete
NAME **D FAISBIE, WILLIAM**
STREET ADDRESS **51 PALM DR**
CITY- ST- ZIP **ELLENTON FL 34222**

TITLE ☐ Delete
NAME **SD SYLVESTER, JAYNE**
STREET ADDRESS **46 PALM DR**
CITY- ST- ZIP **ELLENTON FL 34222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP **U00000849802
03/21/08-80035-013 61.25**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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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 Section 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: Doug Bennett DOUG BENNETT 2-27-08