

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

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 011 ****61.25

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1. Entity Name

PELICAN PORT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765
US

Mailing Address

2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765
US



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

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-3296052

Applied For
Not Applicable

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

LEIGHTON, LENNARD
2189 CLEVELAND ST
SUITE 225
CLEARWATER FL 33765

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 must be used when requesting)

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 STD
NAME DARGO, DAVID ☒ Delete
STREET ADDRESS 301 ISLAND WAY UNIT A
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE VD
NAME OLSON, PATRICIA ☒ Delete
STREET ADDRESS 301 ISLAND WAY UNIT I
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE PD
NAME CHAUNDY, SHANNON ☒ Delete
STREET ADDRESS 301 ISLAND WAY UNIT H
CITY-ST-ZIP CLEARWATER BEACH FL 33767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Matthew Harkis
STREET ADDRESS 301 Island Way #1 D
CITY-ST-ZIP Clearwater FL, 33767

TITLE STD ☐ Change ☒ Addition
NAME Marc Rippen
STREET ADDRESS 301 Island Way #C
CITY-ST-ZIP Clearwater, FL 33767

TITLE D ☐ Change ☐ Addition
NAME Dave Dargo
STREET ADDRESS 301 Island Way #A
CITY-ST-ZIP Clearwater, FL 33767

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

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

TITLE ☐ Change ☐ 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 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:

Marc Rippen

9/11/08