

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001607

1. Entity Name

PELICAN CAY ASSOCIATION, INC.

FILED

May 05, 2000 8:00 am
Secretary of State

05-05-2000 90001 046 ****61.25

Principal Place of Business

Mailing Address

C/O PINES PROPERTY MORT
17794 SW 2ND STREET
PEMBROKE PINES FL 33029
US

C/O PINES PROPERTY MORT
PO BOX 820100
SO. FLORIDA FL 33082-0100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0631794

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

C/O PINES PROPERTY MORT
EUNNS, THOMAS R., JR.
17794 SW 2ND STREET
PEMBROKE PINES FL 33029

Name

MG MT

Street Address (P.O. Box Number is Not Acceptable)

EVANS

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CASTRO, RICK
18206 SW 26 CT
MIRAMAR FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
FITCH, DARON
18222 SW 25TH STREET
MIRAMAR FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BALOGH, ROBERT
18151 SW 25TH STREET
MIRAMAR FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PERRY, JR, WILLIAM P
18296 SW 26TH STREET
MIRAMAR FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LONARDO, TERESA
18036 SW 26 CT
MIRAMAR FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALEZ, RICHARD
2666 SW 193 AVE
MIRAMAR FL 33029

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Daron Fitch

4/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)