

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001607

1. Entity Name

PELICAN CAY ASSOCIATION, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90170 039 ****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
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
EVANS, THOMAS R., JR.
17794 SW 2ND STREET
PEMBROKE PINES FL 33029

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.

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

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

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

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

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

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

TITLE S ☐ Delete
NAME LONARDO, TERESA
STREET ADDRESS 180 36 SW 26 CT
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE D ☐ Delete
NAME GONZALEZ, RICHARD
STREET ADDRESS 2666 SW 183 AVENUE
CITY-ST-ZIP 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)