

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90233 001 \*\*\*\*61.25

DOCUMENT # N95000001607

1. Entity Name

PELICAN CAY ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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



04082004 No Chg-NP CR2E037 (10/03)

4. FEI Number

65-0631794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE DVP  
NAME ~~DALOGH, ROBERT~~ *GREER, ROBERT*  
STREET ADDRESS ~~2632 SW 180 AVE.~~ *2632 SW 180 AVE*  
CITY-ST-ZIP MIRAMAR, FL 33029

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

TITLE DT  
NAME BRAFORD, EDDY  
STREET ADDRESS 18031 SW 181 TERR.  
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE DS  
NAME BIGGS, CHERYL  
STREET ADDRESS 2674 SW 181ST TERR  
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-26-04 95448657C*