

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90314 046 \*\*\*\*61.25

DOCUMENT # N95000001607

1. Entity Name  
PELICAN CAY ASSOCIATION, INC.



Principal Place of Business  
C/O PINES PROPERTY MORT  
19620 PINES BLVD STE 205  
PEMBROKE PINES, FL 33029 US

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



02092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

C/O PINES PROPERTY MORT  
EVANS, THOMAS R., JR.  
19620 PINES BLVD STE 205  
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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
VERMEULEN, RUDY  
18242 SW 26 ST  
MIRAMAR, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MACHIDON, CRISTIAN  
18176 SW 26TH STREET  
MIRAMAR, FL 33029

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BIGGS, CHERYL  
2674 SW 181ST TERR  
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 exemptions contained in Chapter 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Daron S. Fitch*  
Daron S. Fitch 3/31/06 (305) 375-2932