

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001607

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: PELICAN CAY ASSOCIATION, INC.

**Current Principal Place of Business:**

19620 PINES BLVD., SUITE 205  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0631794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS & GOLDWYN, P.A.  
2 SOUTH UNIVERSITY DR., #210  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FITCH, DARON  
Address: 18222 SW 25TH STREET  
City-St-Zip: MIRAMAR, FL 33029

Title: DS ( ) Delete  
Name: MACHIDON, CRISTIAN  
Address: 18176SW 26 CT  
City-St-Zip: MIRAMAR, FL 33029

Title: DVP ( ) Delete  
Name: APPEL, ERIC  
Address: 18196 SW 26TH CT.  
City-St-Zip: MIRAMAR, FL 33029

Title: DT ( ) Delete  
Name: CASTILLO, JOSE  
Address: 18181 SW 25TH ST.  
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete  
Name: DUFF, ROBERT  
Address: 18033 SW 26TH CT  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARON FITCH

Electronic Signature of Signing Officer or Director

DP

04/24/2009

Date