

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

01-27-2003 90125 035 ****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 620100
SO. FLORIDA FL 33062
US**



☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida 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 **DP** ☒ 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 **D.V.P.** ☐ Change ☒ Addition
NAME **GREER, ROBERT**
STREET ADDRESS **2632 SW 180 AVE**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **D** ☐ Delete
NAME **PERRY, JR, WILLIAM P**
STREET ADDRESS **18296 SW 28TH 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 38 SW 26 CT**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **DT** ☐ Change ☒ Addition
NAME **BRADFORD EDDY**
STREET ADDRESS **18031 SW 181 TER**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **D** ☒ Delete
NAME **GONZALEZ, RICHARD**
STREET ADDRESS **2666 SW 183 AVENUE**
CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **DS** ☐ Change ☒ Addition
NAME **Cheryl Biggs**
STREET ADDRESS **2674 S.W. 181st Terrace**
CITY-ST-ZIP **MIRAMAR, FL 33029**

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:

Daron Fitch, President 1/20/03 (305) 375-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)