

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000445

FILED
Apr 18, 2011
Secretary of State

Entity Name: THE ASSOCIATION OF PELICAN POINT, INC.

Current Principal Place of Business:

2465 S. WASHINGTON AVE.
A 111
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

C/O RECONCILABLE DIFFERENCES, INC.
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-3378005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGAN, MICHELLE
109 LONG POINT ROAD
CAPE CANAVERAL, FL 32920 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: PD
Name: MALECHA, RANDY
Address: 2469 S. WASHINGTON AVE #C406
City-St-Zip: TITUSVILLE, FL 32780

Title: VPD
Name: NELSON, NORMAN
Address: 2467 S. WASHINGTON AVE # B407
City-St-Zip: TITUSVILLE, FL 32780

Title: SD
Name: DEBRA, STANLEY
Address: 2465 S. WASHINGTON AVE #A102
City-St-Zip: TITUSVILLE, FL 32780

Title: TD
Name: BURKE, CAROLE
Address: 2465 S. WASHINGTON AVE #A107
City-St-Zip: TITUSVILLE, FL 32780

Title: 2VPD
Name: SAUNDERS, CAROL
Address: 2469 S. WASHINGTON AVE #C304
City-St-Zip: TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

SIGNATURE: RANDY MALECHA

PD

04/18/2011

Electronic Signature of Signing Officer or Director

Date