

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000445

FILED  
Mar 05, 2012  
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:**

2465 SOUTH WASHINGTON AVE  
A111  
TITUSVILLE, FL 32780 US

**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:**

DAVIS, MICHELLE  
2465 SOUTH WASHINGTON AVE  
A111  
TITUSVILLE, FL 32780 US

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:** MICHELLE DAVIS

03/05/2012

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:** SD  
**Name:** STANLEY, DEBRA  
**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

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

03/05/2012

Electronic Signature of Signing Officer or Director

Date