2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600000502

FILED Apr 27, 2009 Secretary of State

Entity Na	me: PELICAN CO	VE ASSOCIATION, INC.		
Current F	Principal Place of	Business:	New Principal Place	of Business:
19620 PIN	S PROPERTY MG IES BLD, STE 205 KE PINES, FL 330:			
Current N	/lailing Address:		New Mailing Address	::
P.O. BOX		T. US		
FEI Numbei	r: 65-0685945 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Curr	ent Registered Agent:	Name and Address o	f New Registered Agent:
2 SOUTH	S & GOLDWYN, P.A UNIVERSITY DRIV ION, FL 33324			
	e named entity subr e of Florida.	mits this statement for the	purpose of changing its registered	d office or registered agent, or both,
	e of Florida.	mits this statement for the	purpose of changing its registered	d office or registered agent, or both,
n the Stat	e of Florida. RE:	mits this statement for the signature of Registered Ag		d office or registered agent, or both, Date
in the Stat	e of Florida. RE:	ignature of Registered Ag	ent	
in the Stat	e of Florida. RE: Electronic S	signature of Registered Ag RS: ete E	ent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic S S AND DIRECTOR DP () Dele GARDNER, VALERII 3021 SW 173 TER	Rignature of Registered Ag RS: ete E R9 ete GA	ent ADDITIONS/CHANGE Title: Name: Address:	Date S TO OFFICERS AND DIRECTORS
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic S S AND DIRECTOR DP () Dele GARDNER, VALERII 3021 SW 173 TER MIRAMAR, FL 3302 DT () Dele TANCREDO, ORTEG 17340 SW 33 LN	signature of Registered Ag RS: ete E eg eg ete GA g ete E E	ent ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date S TO OFFICERS AND DIRECTORS () Change () Addition

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: VALERIE GARDNER P 04/27/2009