



2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N96000002674 1. Entity Name PELICAN PALMS HOMEOWNERS ASSOCIATION, INC.						FILED 04 NOV 12 PM 2:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 82779 OLD HIGHWAY ISLAMORADA, FL 33036				Mailing Address P O BOX 1091 ISLAMORADA, FL 33036			
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 APPLIED FOR				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CINTRON, ROBERT JR MORGAN & HENDRICK 317 WHITEHEAD STREET KEY WEST, FL 33040				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code* </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP SATEK, CHARLES 82779 OLD HIGHWAY LOT 9 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 000042698580 11/12/04--01061--018 **61.25 </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITTEN, RONALD 82779 OLD HIGHWAY LOT 33 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> SD Chet Pryor 82779 Old Highway Lot 15 ISLAMORADA FL 33036 </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FARWELL, SYLVIA 82779 OLD HIGHWAY LOT 22 ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> D GREGORY, PETER 82779 OLD HIGHWAY LOT 17 ISLAMORADA, FL 33036 </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, PETER 82779 OLD HIGHWAY LOT 17 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> D GREGORY, PETER 82779 OLD HIGHWAY LOT 17 ISLAMORADA, FL 33036 </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, PETER 82779 OLD HIGHWAY LOT 17 ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> D GREGORY, PETER 82779 OLD HIGHWAY LOT 17 ISLAMORADA, FL 33036 </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: <i>Ronald Whitten</i>				Ronald Whitten			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small> 11-6-04 <small>Daytime Phone #</small> 239-571-0297			