

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90028 020 \*\*\*\*61.25

**DOCUMENT # N98000005843**

1. Entity Name  
**PELICAN WAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
~~15510 BURNT STONE ROAD~~  
~~PUNTA GORDA, FL 33955~~

Mailing Address  
6025 TAYLOR RD  
2  
PUNTA GORDA, FL 33950

40005657



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6025 Taylor Rd.

Suite, Apt. #, etc.

Suite 2

01082008 Chg-NP CR2E037 (12/06)

City & State  
Punta Gorda, FL

City & State

4. FEI Number  
59-3550358

Applied For  
Not Applicable

Zip  
33950

Country

Zip

Country

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

STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR ROAD #2  
PUNTA GORDA, FL 33950

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 ~~STD~~ ☐ Delete  
NAME WEISS, AL  
STREET ADDRESS 4091 CAPE COLE BLVD.  
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ☐ Change ☐ Addition  
NAME V. P.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Delete  
NAME LONG, JAMES  
STREET ADDRESS 4099 CAPE COLE BLVD  
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ☒ Change ☐ Addition  
NAME Sec. Adm. S.  
STREET ADDRESS Rene Barton  
CITY-ST-ZIP 4099 Cape Cole Blvd.  
Punta Gorda, FL 33955

TITLE ~~VB~~ ☐ Delete  
NAME LEMON, MICHAEL  
STREET ADDRESS 4119 CAPE COLE BLVD  
CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained 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 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**

*Michael Lemon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-08

Date

Daytime Phone #