

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005843

FILED
Feb 17, 2009
Secretary of State

Entity Name: PELICAN WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6025 TAYLOR RD STE 2
PUNTA GORDA, FL 33950

New Principal Place of Business:

4071 CAPE COLE BLVD
PUNTA GORDA, FL 33955

Current Mailing Address:

6025 TAYLOR RD
2
PUNTA GORDA, FL 33950

New Mailing Address:

26530 MALLARD WAY
PUNTA GORDA, FL 33950

FEI Number: 59-3550358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STAR HOSPITALITY MANAGEMENT
26530 MALLARD WAY
PUNTA GORDA, FL 33950 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:

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WEISS, AL
Address: 4091 CAPE COLE BLVD.
City-St-Zip: PUNTA GORDA, FL 33955

Title: ST () Delete
Name: BARTON, RENE
Address: 4087 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: P () Delete
Name: LEMON, MICHAEL
Address: 4119 CAPE COLE BLVD
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL LEMON

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date