

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005843

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4071 CAPE COLE BLVD  
PUNTA GORDA, FL 33955

**New Principal Place of Business:**

**Current Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**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  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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:** MICHAEL LEMON

P

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date