2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N99000004010

Entity Name: PELICAN POINT RIVER HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9512 RIVERSIDE DRIVE
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

9512 RIVERSIDE DR.
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 65-1092570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, STACEY
9536 RIVERSIDE DR
SEBASTIAN, FL 32958 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: PD ( ) Delete
Name: MORTON, JEFFREY R
Address: 9512 RIVERSIDE DRIVE
City-St-Zip: SEBASTIAN, FL 32958

Title: VD ( ) Delete
Name: CHURCH, PEGGY
Address: 95422 RIVERSIDE DR
City-St-Zip: SEBASTIAN, FL 32958

Title: SD ( ) Delete
Name: MORRISON, STACEY
Address: 9536 RIVERSIDE DR
City-St-Zip: SEBASTIAN, FL 32958

Title: TRES ( ) Delete
Name: SISCO, HELEN
Address: 9572 RIVERSIDE DR.
City-St-Zip: SEBASTIAN, FL 32958

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STACEY MORRISON SD 04/18/2005

Electronic Signature of Signing Officer or Director — Date