2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90026 040 ***150.00

DOCUMENT # P02000040728

1. Entity Name
PELICAN BAY CLUB, INC.

44049161

07082004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8517 SOUTH PARK CIRCLE SUITE 210 ORLANDO, FL 32819	8517 SOUTH PARK CIRCLE SUITE 210 ORLANDO, FL 32819

2. Principal Place of Business	3. Mailing Address
4700 Millenia Blvd.	4700 Millenia Blvd.
Suite, Apt. #, etc. Ste. 340	Suite, Apt. #, etc. Ste. 340
City & State Orlando, FL	City & State Orlando, FL
Zip / Country 32839 / Orange	Zip / Country 32839 / Orange

4. FEI Number
43-1982524
☐ Applied For
☐ Not Applicable

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
BROOKS, JOANNA F 8517 SOUTH PARK CIRCLE SUITE 210 ORLANDO, FL 32819	Name: Patrick B. Kirkland Street Address (P.O. Box Number is Not Acceptable): 4700 Millenia Blvd. Ste. 340 City: Orlando FL Zip Code: 32839

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: Patrick B. Kirkland, President (Required for printed name of Secretary, President and title if applicable) (NCAC: Registered Agent signature required when reinstating) DATE: 7/9/04

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST KIRKLAND, PATRICK B 4360 CHAMBLEE DUNWOODY ROAD SUITE 407 ATLANTA, GA 30341	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Kirkland, Patrick B. 4700 Millenia Blvd., Ste. 340 Orlando, FL 32839	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, JOANNA F 8517 SOUTH PARK CIRCLE SUITE 210 ORLANDO, FL 32819	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WADE, LAURA M 4360 CHAMBLEE DUNWOODY RD. ATLANTA, GA 30341	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: [signature] 7/9/04 407.354.0004
Patrick B. Kirkland, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #