

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22709

**Entity Name:** PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC.

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC3359312357**

**Current Principal Place of Business:**

10986 W COVE HARBOR DR  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

10986 W COVE HARBOR DR  
CRYSTAL RIVER, FL 34428 US

**FEI Number: 59-2956464**

**Certificate of Status Desired: No**

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

BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.  
4 SOUTHEAST BROADWAY STREET  
OCALA, FL 34471 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: LAUREN E. MERRIAM III**

**04/29/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name WHATLEY, MICHAEL  
Address 10956 W COVE HARBOR DR  
City-State-Zip: CRYSTAL RIVER FL 34428

Title VPT  
Name SPANOS, DONALD  
Address 11025 W. HARBOR WATCH LOOP  
City-State-Zip: CRYSTAL RIVER FL 34428

Title SD  
Name NOBLE, SANDRA  
Address 10976 W. COVE HARBOR DR  
City-State-Zip: CRYSTAL RIVER FL 34428

Title D  
Name LLOYD, ALBERT  
Address 11060 W. COVE HARBOR DR.  
City-State-Zip: CRYSTAL RIVER FL 34428

Title D  
Name BEYERSDOERFER, TOM  
Address 10900 W COVE HARBOR DR  
City-State-Zip: CRYSTAL RIVER FL 34428

*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: SANDRA NOBLE**

**SECRETARY**

**04/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date