

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737973 (8)

1. Corporation Name

PELICAN INLET CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7175 A1A SOUTH
C-120
ST AUGUSTINE FL 32086

7175 A1A SOUTH
C-120
ST AUGUSTINE FL 32086

3. Date Incorporated or Qualified
02/01/1977

3a. Date of Last Report
04/26/1995

2. Principal Place of Business
21 7175 A1A SOUTH

2a. Mailing Address
26 7175 A1A SOUTH

4. FEI Number
59-1752998

Applied For
☒ Not Applicable

Suite, Apt. #, etc.
22 F-141

Suite, Apt. #, etc.
27 F-141

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 ST. AUGUSTINE FL.

City & State
28 ST. AUGUSTINE FL.

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 32086 25 USA

Zip Country
29 32086 30 USA.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOB, THOMAS F
7175 A1A SOUTH
D-123
ST. AUGUSTINE FL 32086

81 Name JACOB, THOMAS F.
82 Street Address (P.O. Box Number is Not Acceptable)
28 MARSHVIEW DRIVE.
83
84 City ST. AUGUSTINE FL 85 Zip Code 32086

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Thomas F. Jacob THOMAS F. JACOB (DIRECTOR) 5/3/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME THOMAS, JACOB
STREET ADDRESS 7175 A1A S B109
CITY-ST-ZIP ST. AUGUSTINE FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME JACOB, THOMAS
1.3 STREET ADDRESS 28 MARSHVIEW DRIVE
1.4 CITY-ST-ZIP ST. AUGUSTINE FL. 32086

TITLE VP ☐ DELETE
NAME NELSON, WILLIAM
STREET ADDRESS 120 NORTH ROSCOE BLVD
CITY-ST-ZIP PONTE VEDRA FL 32082

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME NELSON, WILLIAM
2.3 STREET ADDRESS 120 NORTH ROSCOE BLVD.
2.4 CITY-ST-ZIP PONTE VEDRA FL. 32084

TITLE D ☐ DELETE
NAME LANG, MARGY
STREET ADDRESS 653 CORAL CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL 32084

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME LANG, MARGY
3.3 STREET ADDRESS 653 CORAL CIRCLE
3.4 CITY-ST-ZIP ST. AUGUSTINE FL. 32084

TITLE T ☐ DELETE
NAME AKLAMO, MARGARET
STREET ADDRESS 7175 A1A S C221
CITY-ST-ZIP ST. AUGUSTINE FL 32086

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME ACKLAND, MARGARET
4.3 STREET ADDRESS 7175 A1A C221
4.4 CITY-ST-ZIP ST. AUGUSTINE, FL. 32086

TITLE D ☐ DELETE
NAME GOODHOPE, RITA
STREET ADDRESS 7175 A1A SOUTH B214
CITY-ST-ZIP ST AUGUSTINE FL

5.1 TITLE J ☐ Change ☒ Addition
5.2 NAME MAGNUSSEN, ARLINE J.
5.3 STREET ADDRESS 7175 A1A SOUTH A105
5.4 CITY-ST-ZIP ST. AUGUSTINE, FL. 32086

TITLE D ☐ DELETE
NAME LABELLO, DARRYL
STREET ADDRESS 291 WEFF RD
CITY-ST-ZIP ST AUGUSTINE FL

6.1 TITLE VP ☒ Change ☐ Addition
6.2 NAME LABELLO, DARRYL
6.3 STREET ADDRESS 291 WEFF RD.
6.4 CITY-ST-ZIP ST. AUGUSTINE, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas F. Jacob THOMAS F. JACOB (DIRECTOR) 5/3/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)