

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 F-141 ST AUGUSTINE FL 32086 US
7175 A1A SOUTH F-141 ST AUGUSTINE FL 32086-6129 US

3. Date Incorporated or Qualified 02/01/1977
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-1752998 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 1/27/97
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D THOMAS, JACOB	1.1 TITLE	D
NAME	THOMAS, JACOB	1.2 NAME	ACKLAND, MARGARET
STREET ADDRESS	28 MARSHVIEW DRIVE	1.3 STREET ADDRESS	7175 A1A SO. C221
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE FL. 32086
TITLE	P NELSON, WILLIAM	2.1 TITLE	D HENRY, CHARLES
NAME	NELSON, WILLIAM	2.2 NAME	HENRY, CHARLES
STREET ADDRESS	120 NORTH ROSCOE BLVD	2.3 STREET ADDRESS	7175 A1A SOUTH D126
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	ST. AUGUSTINE FL. 32086
TITLE	T LANG, MARGY	3.1 TITLE	
NAME	LANG, MARGY	3.2 NAME	
STREET ADDRESS	653 CORAL CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	
TITLE	D AKLAMO, MARGARET	4.1 TITLE	D
NAME	AKLAMO, MARGARET	4.2 NAME	ACKLAND, MARGARET
STREET ADDRESS	7175 A1A S C221	4.3 STREET ADDRESS	7175 A1A SO. C221
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	ST. AUGUSTINE FL. 32086
TITLE	D MAGNUSSON, ARLINE I.	5.1 TITLE	D
NAME	MAGNUSSON, ARLINE I.	5.2 NAME	HENRY, CHARLES
STREET ADDRESS	7175 A1A SOUTH B214	5.3 STREET ADDRESS	7175 A1A SOUTH D126
CITY-ST-ZIP	ST AUGUSTINE FL	5.4 CITY-ST-ZIP	ST. AUGUSTINE FL. 32086
TITLE	D LABELLO, DARRYL	6.1 TITLE	
NAME	LABELLO, DARRYL	6.2 NAME	
STREET ADDRESS	291 WEFF RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 1/27/97 704-491-5699
Signature, typed or printed name of sign-officer or director Date Daytime Phone # 0001534

CR2E037 (9/96)