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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOB, THOMAS F
28 MARSHVIEW DRIVE
ST. AUGUSTINE FL 32086**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900002489339

83 -04/15/98--01042--007

84 City

*****61.25**

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 PRESIDENT**

March 23, 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JACOB	
STREET ADDRESS	28 MARSHVIEW DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, WILLIAM	
STREET ADDRESS	120 NORTH ROSCOE BLVD	
CITY-ST-ZIP	PONTE VEDRA FL	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LANG, MARGY	
STREET ADDRESS	853 CORAL CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ACKLAND, MARGARET	
STREET ADDRESS	7175 A1A SO C221	
CITY-ST-ZIP	ST. AUGUSTINE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENRY, CHARLES	
STREET ADDRESS	7175 A1A SO D126	
CITY-ST-ZIP	ST AUGUSTINE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LABELLO, DARRYL	
STREET ADDRESS	291 WEFF RD	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS F. JACOB	
1.3 STREET ADDRESS	28 MARSHVIEW DRIVE	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	

2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ART BOWMAN	
2.3 STREET ADDRESS	7175 A1A SO. A 202	
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32086	

3.1 TITLE	LISA DIFRUSCIO SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7175 A1A SO. C-122	
3.3 STREET ADDRESS	ST. AUGUSTINE, FL. 32086	
3.4 CITY-ST-ZIP		

4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RITA GOODHOPE	
4.3 STREET ADDRESS	25 SEA OAK DRIVE	
4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	

5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HALUK SENHAN	
5.3 STREET ADDRESS	7175 A1A SO. E-134	
5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32081	

6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	L. SHADE	
6.3 STREET ADDRESS	7175 A1A SO. D-127	
6.4 CITY-ST-ZIP	ST. AUGUSTINE FL. 32086	

14. 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 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 3/23/98** 904-481-0434

CR2E037 (10/97)