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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737973

1. Corporation Name

PELICAN INLET CONDOMINIUM OWNERS ASSOCIATION, IN C.

Principal Place of Business

7175 A1A SOUTH
ST AUGUSTINE FL 32086
US

Mailing Address

7175 A1A SOUTH
ST AUGUSTINE FL 32086
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

02/01/1977

4. FEI Number

59-1752998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 Jan Earl Jertson
82 Street Address (P.O. Box Number is Not Acceptable) 7175 A1A South # A105
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: Jan Earl Jertson
Signature, typed or printed name of registered agent and title if applicable.

President

4/15/99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JACOB, THOMAS	
STREET ADDRESS	28 MARSHVIEW DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOWMAN, ART	
STREET ADDRESS	7175 A1A SOUTH A202	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIFRUSCIO, LISA	
STREET ADDRESS	7175 A1A SOUTH C-122	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODHOPE, RITA	
STREET ADDRESS	25 SEA OAK DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SENMAN, HALUK	
STREET ADDRESS	7175 A1A SOUTH E-134	
CITY-ST-ZIP	ST. AUGUSTINE FL 32081	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHADE, L	
STREET ADDRESS	7175 A1A SOUTH D-127	
CITY-ST-ZIP	ST. AUGUSTINE FL 32081	

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	Jan Earl JERTSON	
1.3 STREET ADDRESS	7175 A1A South # A105	
1.4 CITY-ST-ZIP	St. Augustine FL 32086	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Margaret Ackland	
2.3 STREET ADDRESS	7175 A1A South #C	
2.4 CITY-ST-ZIP	St. Augustine FL 32086	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Willa Britt Senman	
3.3 STREET ADDRESS	7175 A1A South #E134	
3.4 CITY-ST-ZIP	St. Augustine FL 32086	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles Bronkar	
4.3 STREET ADDRESS	7175 A1A South #C	
4.4 CITY-ST-ZIP	St. Augustine FL 32086	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PAUL Schlemmer	
5.3 STREET ADDRESS	7175 A1A South #C	
5.4 CITY-ST-ZIP	St. Augustine FL 32086	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Vicki Vanderperk	
6.3 STREET ADDRESS	7175 A1A South #C	
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, with all other like empowered.

SIGNATURE: X [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (904) 471-0434
DATE Daytime Phone #

CR2E037 (11/98)