CUMENT # 737973

ity Name

ELICAN INLET CONDOMINIUM OWNERS ASSOCIATION, IN

**FILED**
**May 10, 2000 8:00 am**
**Secretary of State**
05-10-2000 90074 045 ****61.25

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 7175 A1A SOUTH<br>[redacted]<br>ST AUGUSTINE FL 32086<br>US | 7175 A1A SOUTH<br>[redacted]<br>ST AUGUSTINE FL 32086-6129<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1752998 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| JERTSON, JAN E<br>7175 A1A S. STE A105<br>ST. AUGUSTINE FL 32086 | Name: DARYL LABELLO<br>Street Address (P.O. Box Number is Not Acceptable): 7175 A1A South<br>City: ST AUGUSTINE FL Zip Code: 32086 |

8. 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: Daryl D LaBello 3/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>JERTSON, JAN E<br>7175 A1A S. STE A105<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Daryl Labello<br>7175 A1A South<br>St Aug., FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ACKLAND, MARGARET<br>7175 A1A S. STE C<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Marlene Hale<br>7175 A1A South<br>St Augustine, FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SENMAN, ULLA BRITT<br>7175 A1A S. STE A105<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Jennifer Ledley<br>7175 A1A South<br>St Augustine, FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BRONKAR, CHARLES<br>7175 A1A S. STE C<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Hawk Senman<br>7175 A1A South<br>St Augustine, FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHLEMMER, PAUL<br>7175 A1A S. STE C<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JAN Jertson<br>7175 A1A South<br>St Augustine, FL 32086 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>VANDERPERK, VICKI<br>7175 A1A S. STE C<br>ST. AUGUSTINE FL 32086 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Lisa D. Fruscio<br>7175 A1A South<br>St Augustine, Fl 32086 | ☐ Change ☒ Addition |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Marlene R Hale 3/28/00 904-471-0434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #