

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90033 002 ****61.25

DOCUMENT # 737973

1. Entity Name

PELICAN INLET CONDOMINIUM OWNERS ASSOCIATION, IN

Principal Place of Business

7175 A1A SOUTH
F-141
ST AUGUSTINE FL 32086
US

Mailing Address

7175 A1A SOUTH
F-141
ST AUGUSTINE FL 32086
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

JERTSON, JAN E
7175 A1A S. STE A105
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name **Daryl L. Labello**
Street Address (P.O. Box Number is Not Acceptable)
7175 A1A South
ST AUGUSTINE
City **FL** Zip Code **32080**

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 L. Labello

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JERTSON, JAN E	
STREET ADDRESS	7175 A1A S. STE A105	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ACKLAND, MARGARET	
STREET ADDRESS	7175 A1A S. STE C	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SENMAN, ULLA BRITT	
STREET ADDRESS	7175 A1A S. STE A105	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRONKAR, CHARLES	
STREET ADDRESS	7175 A1A S. STE C	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLEMMER, PAUL	
STREET ADDRESS	7175 A1A S. STE C	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VANDERPERK, VICKI	
STREET ADDRESS	7175 A1A S. STE C	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daryl L. Labello	
STREET ADDRESS	7175 A1A S	
CITY-ST-ZIP	ST AUG, FL 32080	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marlene Hale	
STREET ADDRESS	7175 A1A S	
CITY-ST-ZIP	ST AUG, FL 32080	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM JACOB	
STREET ADDRESS	7175 A1A S	
CITY-ST-ZIP	ST AUG, FL 32080	
TITLE	D/LISA DiFRUSCIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7175 A1A S	
STREET ADDRESS	ST AUG, FL 32080	
TITLE	D/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET ACKLAND	
STREET ADDRESS	7175 A1A S	
CITY-ST-ZIP	ST AUG, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Daryl L. Labello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-471-0434

CR2E037 (10/00)