

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

1-2

**NONPROFIT CORPORATION ANNUAL REPORT 1996**

**FLORIDA DEPARTMENT OF STATE**  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # 744887 (1)**  
 1. Corporation Name  
**PELICAN HARBOR HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **475 PELICAN WAY DELRAY BEACH FL 33483**  
 Mailing Address: **475 PELICAN WAY DELRAY BEACH FL 33483**

3. Date Incorporated or Qualified: **11/09/1978**  
 3a. Date of Last Report: **04/28/1995**  
 4. FEI Number: **59-2149870**  
 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

2. Principal Place of Business: **21**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**  
**JMD PROPERTY, INC.**  
**885 S.E. 6TH AVENUE**  
**SUITE E**  
**DELRAY BEACH FL 33483**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, JIM F.	
STREET ADDRESS	3575 ENSIGN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MOORCROFT, REL	
STREET ADDRESS	3570 COMMODORE CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FORSTER, MILTON	
STREET ADDRESS	60 BOSUN WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	EDRINGTON, SALLY	
STREET ADDRESS	118 HARBOR CIR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTSTEIN, HARRIET	
STREET ADDRESS	615 PELICAN WAY	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAUGHN, RICHARD	
STREET ADDRESS	10 BOSUN WAY	
CITY-ST-ZIP	DELRAY BEACH FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Reid	
1.3 STREET ADDRESS	333 Pelican Way	
1.4 CITY-ST-ZIP	Delray Beach, FL 33483	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Schaefer	
2.3 STREET ADDRESS	373 Pelican Way	
2.4 CITY-ST-ZIP	Delray Beach, FL 33483	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gus Spyridon	
3.3 STREET ADDRESS	3548 Ensign Cir.	
3.4 CITY-ST-ZIP	Delray Beach, FL 33483	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michelle Howard	
4.3 STREET ADDRESS	134 Harbor Cir	
4.4 CITY-ST-ZIP	Delray Beach, FL 33483	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Shadey	
5.3 STREET ADDRESS	442 Commodore Cir.	
5.4 CITY-ST-ZIP	Delray Beach, FL 33483	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lloyd Mendow	
6.3 STREET ADDRESS	210 Captains Walk # 713	
6.4 CITY-ST-ZIP	Delray Beach, FL 33483	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard B. Reid 6/7/96 407-265-3668  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RICHARD B. REID - PRES. Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (3/96)

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2-2



**PELICAN HARBOR HOMEOWNERS ASSOCIATION**  
475 Pelican Way  
Delray Beach, Florida 33483  
(407) 272-1910

ATTACH TO DOCUMENT #744887  
CORP. ANNUAL REPORT  
PELICAN HARBO HOMEOWNER'S ASSOCIATION, INC.

ADDITIONAL DIRECTOR:

TITLE: D  
NAME: Sue L. Stanley  
STREET ADDRESS: 647 Pelican Way  
CITY-ST-ZIP: Delray Beach, FL 33483