

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33483-8036
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/09/1978	3a. Date of Last Report 06/20/1996
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	4. FEI Number 59-2149870	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	REID, RICHARD <input checked="" type="checkbox"/> DELETE	1.1 TITLE D	GLEISNER, MARY JANE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	664 Pelican Way
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	VPB <input type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME SCHAEFER, PAUL	
STREET ADDRESS		2.3 STREET ADDRESS	378 Pelican Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME SPYRIDON, GUS	
STREET ADDRESS		3.3 STREET ADDRESS	3548 Ensign Cir
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME CORVINO, CATHERINE	
STREET ADDRESS		4.3 STREET ADDRESS	3577 Captains Walk
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME DAVISON, RICHARD	
STREET ADDRESS		5.3 STREET ADDRESS	3570 Ensign Cir.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME OTIS, JAMES	
STREET ADDRESS		6.3 STREET ADDRESS	675 Pelican Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Delray Beach FL 33483

14. I do 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: _____ DATE: **4-11-97** DAYTIME PHONE: **581-265-3666**

CR2E037 (9/96)