

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>475 PELICAN WAY DELRAY BEACH FL 33483</b>	Mailing Address <b>475 PELICAN WAY DELRAY BEACH FL 33483</b>
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3. Date Incorporated or Qualified <b>11/09/1978</b>	
4. FEI Number <b>59-2149870</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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. City	
84. City	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	<b>D</b>	1.1 TITLE	<b>SD</b>
NAME	<del>GLEISNER, MARY J</del>	1.2 NAME	<b>FEYEN, BONNIE</b>
STREET ADDRESS	<del>664 PELICAN WAY</del>	1.3 STREET ADDRESS	<b>3418 Harbor Cir.</b>
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	1.4 CITY-ST-ZIP	<b>Delray Beach, FL</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>TD</b>
NAME	<del>SCHAEFER, PAUL</del>	2.2 NAME	<b>NUNES, CHARLES</b>
STREET ADDRESS	<del>373 PELICAN WAY</del>	2.3 STREET ADDRESS	<b>3567 Commodore Cir.</b>
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	2.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>
TITLE	<b>VPD</b>	3.1 TITLE	<b>D</b>
NAME	<del>SPYRIDON, GUS</del>	3.2 NAME	<b>EDERINGTON, SALUX</b>
STREET ADDRESS	<del>3548 ENSIGN CIR.</del>	3.3 STREET ADDRESS	<b>126 Harbor Cir.</b>
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	3.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>
TITLE	<b>TD</b>	4.1 TITLE	<b>D</b>
NAME	<del>CORVINO, CATHERINE</del>	4.2 NAME	<b>OTIS, JAMES</b>
STREET ADDRESS	<del>3577 CAPTAINS WALK</del>	4.3 STREET ADDRESS	<b>675 Pelican Way</b>
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	4.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>
TITLE	<b>SB PD</b>	5.1 TITLE	<b>D</b>
NAME	<del>DAVISON, RICHARD</del>	5.2 NAME	<b>ELLIOTT, WILLIAM</b>
STREET ADDRESS	<del>3570 ENSIGN CIR</del>	5.3 STREET ADDRESS	<b>3565 Commodore Cir.</b>
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	5.4 CITY-ST-ZIP	<b>Delray Beach, FL 33483</b>
TITLE	<b>VPD</b>	6.1 TITLE	
NAME	<del>MENDOW, LLOYD</del>	6.2 NAME	
STREET ADDRESS	<del>210 CAPTAINS WALK #713</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	6.4 CITY-ST-ZIP	

Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
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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.

SIGNATURE: \_\_\_\_\_ 4-2-98 561-272-1910

CFR2E037 (10/97)