

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **752368** (1)

1. Corporation Name

**PELICAN LANDING CONDOMINIUM ASSOCIATION OF CHARL  
OTTE COUNTY, INC.**



Principal Place of Business

Mailing Address

**2700 N BEACH ROAD  
UNIT D-102  
ENGLEWOOD FL 34223**

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UNIT D-102  
ENGLEWOOD FL 34223**

3. Date Incorporated or Qualified  
**05/06/1980**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **16 Church Street** 26 **16 Church Street**

4. FEI Number  
**59-2135288**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Osprey, FL** 27 **Osprey, FL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

23 **Osprey, FL** 28 **Osprey, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24 **34229** 25 **Sarasota** 29 **34229** 30 **Sarasota**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WELLBAUM & MCLENNON, PA  
350 INDIAN AVENUE, SOUTH  
ENGLEWOOD FL 34223**

81 Name **Lighthouse Management of Realty**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16 Church Street**  
83  
84 City **Osprey FL** 85 Zip Code **34229**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**AGENT**

**4-9-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **FERGUSON, MARTIN**  
STREET ADDRESS **62 LUMAR DRIVE**  
CITY-ST-ZIP **SAYVILLE NY**

1.1 TITLE **VP** ☐ Change ☒ Addition  
1.2 NAME **Boyle, John**  
1.3 STREET ADDRESS **2700 N. Beach Rd. A202**  
1.4 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **P/D** ☐ DELETE  
NAME **PARKER, JIMMIE**  
STREET ADDRESS **720 JAMAICA CIRCLE W.**  
CITY-ST-ZIP **APOLLO BEACH FL**

2.1 TITLE **ASD** ☐ Change ☒ Addition  
2.2 NAME **Keith J. Lloyd**  
2.3 STREET ADDRESS **16 Church St**  
2.4 CITY-ST-ZIP **Osprey, FL 34229**

TITLE **T/D** ☐ DELETE  
NAME **GIBSON, THOMAS**  
STREET ADDRESS **P.O. BOX 1588 N/A**  
CITY-ST-ZIP **ENGLEWOOD FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S/D** ☐ DELETE  
NAME **HUBER, MARGARET**  
STREET ADDRESS **2700 N BEACH ROAD E-208**  
CITY-ST-ZIP **ENGLEWOOD FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BITLER, DUKE**  
STREET ADDRESS **4928A FRIAR DRIVE**  
CITY-ST-ZIP **STOW OH**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **PALMER, GEORGE**  
STREET ADDRESS **98 BRADFORD ROAD**  
CITY-ST-ZIP **KEENE NH**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-96**

**941-966 6844**

Date Daytime Phone #

CR2E037 (12/95)