4-18-97 B-4950 C

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
16 CHURCH STREET OSPREY FL 34229 US	16 CHURCH STREET OSPREY FL 34229-9349 US

3. Date Incorporated or Qualified: **05/06/1980**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business — 21: Lighthouse Mgmt. + Realty
2a. Mailing Address — 26: Lighthouse Mgmt + Realty

4. FEI Number: **59-2135288** ☐ Applied For ☐ Not Applicable

22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23: City & State
28: City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24: Zip
25: Country
29: Zip
30: Country

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

9. Name and Address of Current Registered Agent

LIGHTHOUSE MANAGEMENT & REALTY
16 CHURCH STREET
OSPREY FL 34229

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: J. Lloyd Keith, Managing Agent + Assist Secretary — DATE: 4/12/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P.D	☒ Change ☐ Addition
NAME	FERGUSON, MARTIN		1.2 NAME	Bitler, Duke	
STREET ADDRESS	62 LUMAR DRIVE		1.3 STREET ADDRESS	2700 N. Beach Rd.	
CITY-ST-ZIP	SAYVILLE NY		1.4 CITY-ST-ZIP	Englewood, FL.	
TITLE	PD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	PARKER, JIMMIE		2.2 NAME	Jones, Harold	
STREET ADDRESS	720 JAMAICA CIRCLE W.		2.3 STREET ADDRESS	510 Woodlands Rd.	
CITY-ST-ZIP	APOLLO BEACH FL		2.4 CITY-ST-ZIP	Hopewell, VA	
TITLE	VD	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	GIBSON, THOMAS		3.2 NAME	Ferguson, Joe	
STREET ADDRESS	P.O. BOX 1588 N/A		3.3 STREET ADDRESS	2700 N. Beach Rd.	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	Englewood, FL.	
TITLE	DT	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HUBER, MARGARET		4.2 NAME	Marshall, Paul	
STREET ADDRESS	2700 N BEACH ROAD E-208		4.3 STREET ADDRESS	19360 Oak Hill Blvd.	
CITY-ST-ZIP	ENGLEWOOD FL		4.4 CITY-ST-ZIP	Grayson, La.	
TITLE	SD	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BITLER, DUKE		5.2 NAME	Palmer, George	
STREET ADDRESS	4928A FRIAR DRIVE		5.3 STREET ADDRESS	2700 N. Beach Rd.	
CITY-ST-ZIP	STOW OH		5.4 CITY-ST-ZIP	Englewood, FL.	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	PALMER, GEORGE		6.2 NAME	Potnick, Micko	
STREET ADDRESS	98 BRADFORD ROAD		6.3 STREET ADDRESS	2700 N. Beach Rd.	
CITY-ST-ZIP	KEENE NH		6.4 CITY-ST-ZIP	Englewood, FL.	

CR2E037 (9/96)

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: [redacted] REQUIRED Asst Sec 4-7-97 9419666844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0062723

✓ Addition

#13 Δ

Tews, Henry
307 Cottage Ave.
Glen Ellyn, Il

As Δ
Keith, J. Lloyd
16 Church ST.
Osprey, Fl.