

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY FL 34229
US**

**LIGHTHOUSE MGMT & REALTY
16 CHURCH STREET
OSPREY FL 34229
US**

3. Date Incorporated or Qualified

05/06/1980

4. FEI Number

59-2135288

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2700 N. Beach Road

26 1927 Beach Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Englewood, FL

28 Englewood, FL

Zip

Zip

Country

Country

24 34223

25 USA

29 34223

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIGHTHOUSE MANAGEMENT & REALTY
16 CHURCH STREET
OSPREY FL 34229**

81 Name

Manasota Key Realty, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1927 Beach Road

83

84 City

Englewood

FL

85 Zip Code

34223

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 **David Lipstein, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **BITLER, DUCK**
STREET ADDRESS **2700 N BEACH ROAD**
CITY-ST-ZIP **ENGLEWOOD FL**

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Bitler, Duke**
1.3 STREET ADDRESS **4928A Friar Road**
1.4 CITY-ST-ZIP **Stow, OH 44224**

TITLE **VPD** ☐ DELETE

NAME **JONES, HAROLD**
STREET ADDRESS **510 WOODLAND ROAD**
CITY-ST-ZIP **HOPEWELL VA**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **Tews, Henry**
2.3 STREET ADDRESS **307 Cottage Avenue**
2.4 CITY-ST-ZIP **Glen Ellyn, IL 60137**

TITLE **S** ☐ DELETE

NAME **FERGUSON, JOE**
STREET ADDRESS **2700 N BEACH ROAD**
CITY-ST-ZIP **ENGLEWOOD FL**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Hayden, Frank**
3.3 STREET ADDRESS **2700 N. Beach Road**
3.4 CITY-ST-ZIP **Englewood, FL 34223**

TITLE **TD** ☐ DELETE

NAME **MARSHALL, PAUL**
STREET ADDRESS **16360 OAK HILL BLVD**
CITY-ST-ZIP **GRANGER IN**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

NAME **PALMER, GEORGE**
STREET ADDRESS **2700 N BEACH RD**
CITY-ST-ZIP **ENGLEWOOD FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **ROKNICH, MIRKO**
STREET ADDRESS **2700 N BEACH ROAD**
CITY-ST-ZIP **ENGLEWOOD FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

David Lipstein

4-8-98 (941) 474-8922

CR2E037 (10/97)