FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90062 050 ****61.25

DOCUMENT # 752368

1. Corporation Name

PELICAN LANDING CONDOMINIUM ASSOCIATION OF CHARL OTTE COUNTY, INC.

Principal Place of Business	Mailing Address
2700 N. BEACH ROAD ENGLEWOOD FL 34223 US	1927 BEACH ROAD ENGLEWOOD FL 34223 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/06/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2135288 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MANASOTA KEY REALTY , INC.
1927 BEACH ROAD
ENGLEWOOD FL 34223

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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BITLER, DUCK		1.2 NAME	Hayden, Frank	
STREET ADDRESS	4928 A FRIAR ROAD		1.3 STREET ADDRESS	8585 Strawberry Point Road	
CITY-ST-ZIP	STOW OH 44224		1.4 CITY-ST-ZIP	Grawn, MI 49637	
TITLE	VPD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	JONES, HAROLD		2.2 NAME	Knox, Robert	
STREET ADDRESS	510 WOODLAND ROAD		2.3 STREET ADDRESS	2700 N. Beach Road - Unit B-207	
CITY-ST-ZIP	HOPEWELL VA		2.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	S	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FERGUSON, JOE		3.2 NAME	Ferguson, Martin	
STREET ADDRESS	2700 N BEACH ROAD		3.3 STREET ADDRESS	2700 N. Beach Road - Unit E-201	
CITY-ST-ZIP	ENGLEWOOD FL		3.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MARSHALL, PAUL		4.2 NAME	Marschall, Paul	
STREET ADDRESS	16360 OAK HILL BLVD		4.3 STREET ADDRESS	416 Lansbrook Drive	
CITY-ST-ZIP	GRANGER IN		4.4 CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	TEWS, HENRY		5.2 NAME	Balderson, Denise	
STREET ADDRESS	307 COTTAGE AVENUE		5.3 STREET ADDRESS	2700 N. Beach Road - Unit D-201	
CITY-ST-ZIP	GLEN ELLYN IL 60137		5.4 CITY-ST-ZIP	Englewood, FL 34223	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROKNICH, MIRKO		6.2 NAME		
STREET ADDRESS	2700 N BEACH ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Frank Hayden FRANK HAYDEN 4-1-99 941-474-9534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #