

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90127 021 ****61.25

DOCUMENT # 752368

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2135288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTH BAY PROPERTY MANAGEMENT
1460 S MCCALL ROAD
SUITE 4E
ENGLEWOOD FL 34223

Name **Bay South Properties, Co.**

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

1460 S. McCall Rd., Suite 4E

City

Englewood

FL

Zip Code

34223

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Fabian H. Dandaneau **FABIAN H. DANDANEAU** **2/22/02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HUGHES, LEO**
STREET ADDRESS **2700 N BEACH RD UNIT F-208**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **SD** ☐ Change ☒ Addition
NAME **Jim Johnson**
STREET ADDRESS **2700 N. Beach Rd, Unit**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **SD** ☐ Delete
NAME **JUERGEN, HEIM**
STREET ADDRESS **2700 N BEACH RD UNIT E-203**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **TD** ☐ Change ☒ Addition
NAME **Robert Balderson**
STREET ADDRESS **2700 N. Beach Rd, Unit D -**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **VPD** ☒ Delete
NAME **FERGUSON, MARTIN**
STREET ADDRESS **2700 N. BEACH ROAD UNIT E 201**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Change ☒ Addition
NAME **Chuck Mallek**
STREET ADDRESS **2700 N. Beach Rd, Unit**
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **TD** ☒ Delete
NAME **MARSHALL, PAUL**
STREET ADDRESS **416 LANSBROOK DRIVE**
CITY-ST-ZIP **VENICE FL 34292**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D VP** ☐ Delete
NAME **HARTMAN, DAVE**
STREET ADDRESS **2700 N BEACH RD UNIT D-101**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02

CR2E037 (9/01)