

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathers Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767625 (7)
 1. Corporation Name
PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.

Principal Place of Business 5940 PELICAN BAY PLAZA GULFPORT FL 33707	Mailing Address 5940 PELICAN BAY PLAZA GULFPORT FL 33707
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2. Principal Place of Business 21 5901 SUN BLVD.	2a. Mailing Address 2a 5901 SUN BLVD.
Suite, Apt. #, etc. 22 SUITE #203	Suite, Apt. #, etc. 27 SUITE #203
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL 33715
Zip 24 33715	Country 25 PINELLAS
Zip 29 33715	Country 30 PINELLAS

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1983	3a. Date of Last Report 03/04/1994
4. FEI Number 59-0475190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NEWTON, WILLIAM C 5901 SUN BLVD. SUITE 203 ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE DP	JEWELL, TOM
NAME	5901 SUN BLVD., STE. 203
STREET ADDRESS	ST. PETERSBURG FL 33715
CITY - ST - ZIP	
TITLE DVP	GARRETSON, BOB
NAME	5901 SUN BLVD., STE. 203
STREET ADDRESS	ST. PETERSBURG FL 33715
CITY - ST - ZIP	
TITLE DS	LAYTON, BILL
NAME	5901 SUN BLVD., STE. 203
STREET ADDRESS	ST. PETERSBURG FL 33715
CITY - ST - ZIP	
TITLE DT	NIMS, ROBERT SR.
NAME	5901 SUN BLVD., STE. 203
STREET ADDRESS	ST. PETERSBURG FL 33715
CITY - ST - ZIP	
TITLE D	SUMMERVILLE, ART
NAME	5901 SUN BLVD., STE. 203
STREET ADDRESS	ST. PETERSBURG FL 33715
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME GARRETSON, MARTHA	
13 STREET ADDRESS 5901 Sun Blvd., #203	
14 CITY - ST - ZIP St. Petersburg, FL 33715	
21 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME MASHIKIAN, JACK	
23 STREET ADDRESS 5901 Sun Blvd., #203	
24 CITY - ST - ZIP St. Petersburg, FL 33715	
31 TITLE T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME BEERY, BRUCE	
33 STREET ADDRESS 5901 Sun Blvd., #203	
34 CITY - ST - ZIP St. Petersburg, FL 33715	
41 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME HELKE, CHARLES	
43 STREET ADDRESS 5901 Sun Blvd., #203	
44 CITY - ST - ZIP St. Petersburg, FL 33715	
51 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME SPINKS, BILL	
53 STREET ADDRESS 5901 Sun Blvd., #203	
54 CITY - ST - ZIP St. Petersburg, FL 33715	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from the attachment with an address.

SIGNATURE: _____ DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

APPROVED
AND
FILED

95 APR 24 AM 0:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

813-866-3115