

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767625 (7)

1. Corporation Name
PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.



Principal Place of Business 5901 SUN BLVD. SUITE#203 ST. PETERSBURG FL 33715 US	Mailing Address 5901 SUN BLVD. SUITE#203 ST. PETERSBURG FL 33715 US
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3. Date Incorporated or Qualified 03/23/1983	3a. Date of Last Report 04/24/1995
4. FEI Number 59-0475190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country
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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	.
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETSON, MARTHA	1.2 NAME	.
STREET ADDRESS	5901 SUN BLVD. #203	1.3 STREET ADDRESS	.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	.
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASHIKIAN, JACK	2.2 NAME	.
STREET ADDRESS	5901 SUN BLVD. #203	2.3 STREET ADDRESS	.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	.
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, BRUCE	3.2 NAME	.
STREET ADDRESS	5901 SUN BLVD., #203	3.3 STREET ADDRESS	.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	.
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELKE, CHARLES	4.2 NAME	.
STREET ADDRESS	5901 SUN BLVD., #203	4.3 STREET ADDRESS	.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINKS, BILL	5.2 NAME	.
STREET ADDRESS	5901 SUN BLVD., #203	5.3 STREET ADDRESS	.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	.
STREET ADDRESS		6.3 STREET ADDRESS	.
CITY-ST-ZIP		6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/16/96 8663115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)