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Secretary of State

03-16-1999 90102 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 767625

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/23/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0475190	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWTON, WILLIAM C 5901 SUN BLVD. SUITE 203 ST. PETERSBURG FL 33715				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	VP	<input checked="" type="checkbox"/> DELETE		11 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GEORGE DODENHOFF			12 NAME	GEORGE KAPPOS		
STREET ADDRESS	5901 SUN BLVD. #203			13 STREET ADDRESS	5901 SUN BLVD #203		
CITY-ST-ZIP	ST. PETERSBURG FL			14 CITY-ST-ZIP	ST PETERSBURG, FL 33715		
TITLE	S	<input type="checkbox"/> DELETE		21 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHN PORTO			22 NAME	JOHN PORTO		
STREET ADDRESS	5901 SUN BLVD. #203			23 STREET ADDRESS	5901 SUN BLVD #203		
CITY-ST-ZIP	ST. PETERSBURG FL			24 CITY-ST-ZIP	ST PETERSBURG, FL 33715		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		31 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BERRY, BRUCE			32 NAME	JOHN HAHN		
STREET ADDRESS	5901 SUN BLVD. #203			33 STREET ADDRESS	5901 SUN BLVD #203		
CITY-ST-ZIP	ST. PETERSBURG FL			34 CITY-ST-ZIP	ST PETERSBURG, FL 33715		
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARGARET GUIDY			42 NAME	MARGARET GUIDRY		
STREET ADDRESS	5901 SUN BLVD., #203			43 STREET ADDRESS	5901 SUN BLVD #203		
CITY-ST-ZIP	ST. PETERSBURG FL			44 CITY-ST-ZIP	ST PETERSBURG, FL 33715		
TITLE		<input type="checkbox"/> DELETE		51 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				52 NAME	BILL DONNELLY		
STREET ADDRESS				53 STREET ADDRESS	5901 SUN BLVD #203		
CITY-ST-ZIP				54 CITY-ST-ZIP	ST PETERSBURG, FL 33715		
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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, with all other like empowered.

SIGNATURE: [Signature] 3/16/99 347-2507
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)