

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767625

1. Entity Name

PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B,

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90017 039 ****61.25

Principal Place of Business 5901, SUN BLVD. SUITE#203 ST. PETERSBURG-FL 33715 US	Mailing Address 5901 SUN BLVD. SUITE#203 ST. PETERSBURG FL 33715-1161 US
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DO NOT WRITE IN THIS SPACE

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 59-0475190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *John A. Porto* _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAPPOS, GEORGE	
STREET ADDRESS	5901 SUN BLVD. #203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTO, JOHN	
STREET ADDRESS	5901 SUN BLVD. #203	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAHN, JOHN	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	ST. PETERSBURG FL 33175	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUIDRY, MARGARET	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	ST. PETERSBURG FL 33175	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DONNELLY, BILL	
STREET ADDRESS	5901 SUN BLVD., #203	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VanSteckelenburg, Fred	
STREET ADDRESS	5901 Sun Blvd #203	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John A. Porto* _____ DATE 4/10/00 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)