

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90007 032 ****61.25

DOCUMENT # 767625

1. Entity Name
Pelican Bay Yacht Club Building "B"

ADD75119

Principal Place of Business Mailing Address
4175 East Bay Dr
Clearwater, Fl. 33764

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number 59-0475190
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
~~Newton, William C~~
~~5901 Sun Blvd. Ste 203~~
~~St. Petersburg, Fl. 33715~~

7. Name and Address of New Registered Agent
 Name Community Management Concepts Inc.
 Street Address (P.O. Box Number is Not Acceptable)
4175 East Bay Dr # 205
 City Clearwater FL Zip Code 33764

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 Kathy Hildebrandt DATE 4.25.01
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: \$5.00 May Be Added to Fees

Make Check Payable to Department of State

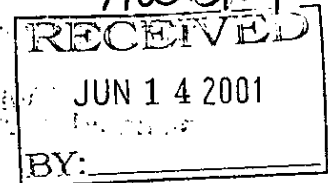
10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Paul Gaidry</u>
STREET ADDRESS	<u>5940 Pelican Bay Plaza # 304</u>
CITY-ST-ZIP	<u>Clearwater, Fl. 33707</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>John Porto</u>
STREET ADDRESS	<u>5940 Pelican Bay Plaza # 701</u>
CITY-ST-ZIP	<u>Clearwater, Fl. 33707</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>William Yocis</u>
STREET ADDRESS	<u>5940 Pelican Bay Plaza # 303</u>
CITY-ST-ZIP	<u>Clearwater, Fl. 33707</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Martha Garretson</u>
STREET ADDRESS	<u>5940 Pelican Bay Plaza # 802</u>
CITY-ST-ZIP	<u>Clearwater, Fl. 33707</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Thomas Jewell</u>
STREET ADDRESS	<u>5940 Pelican Bay Plaza # 201</u>
CITY-ST-ZIP	<u>Clearwater, Fl. 33707</u>
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 Martha Garretson DATE 4/26/01
Signature and typed or printed name of signing officer or director

CR2E037 (11/00)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 11, 2001

PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.
% CMC
4175 EAST BAY DRIVE
CLEARWATER, FL 33764 US

SUBJECT: PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.
Ref. Number: 767625

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

~~After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.~~

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Leslie Sellers
Document Specialist

Letter Number: 201A00035690