


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90019 017 ****61.25

DOCUMENT # 767625					
1. Entity Name PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.					
Principal Place of Business 7300 PARK ST SEMINOLE, FL 33777 US			Mailing Address % RESOURCE PROP MGMT 7300 PARK ST SEMINOLE, FL 33777 US		
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 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, DOROTHY % RESOURCE PROPERTY MGMT 7300 PARK ST SEMINOLE, FL 33777			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, LENNY		NAME		
STREET ADDRESS	5940 PELICAN BAY PLAZA, #505		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTO, JOHN		NAME	Fred Gibbs	
STREET ADDRESS	5940 PELICAN BAY PLAZA, #701		STREET ADDRESS	5940 Pelican Bay Plaza PHA	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCGS, WILLIAM		NAME	Thomas Pocker	
STREET ADDRESS	5940 PELICAN BAY PLAZA, #303		STREET ADDRESS	5940 Pelican Bay Plaza #806	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWEL, THOMAS		NAME	Lenny Roth	
STREET ADDRESS	5940 PELICAN BAY PLAZA, #201		STREET ADDRESS	5940 Pelican Bay Plaza #505	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROOK, GEORGE		NAME		
STREET ADDRESS	5940 PELICAN BAY PLAZA		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	George Dodenhoff	
STREET ADDRESS			STREET ADDRESS	5940 Pelican Bay Plaza #506	
CITY-ST-ZIP			CITY-ST-ZIP	Gulfport, FL 33707	
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: _____ Date _____ Daytime Phone # _____					