
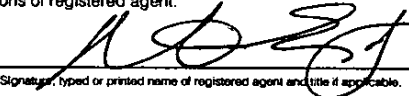
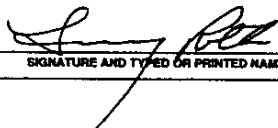


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90117 047 ****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	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
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 Englert, Norm Street Address (P.O. Box Number is Not Acceptable) C/O Resource Property Management 5901 Sun Blvd, Ste 200 City St. Petersburg FL Zip Code 33715			
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 		DATE 4/27/05			
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, LENNY		NAME	Bill Avery	
STREET ADDRESS	5940 PELICAN BAY PLAZA, #505		STREET ADDRESS	5940 Pelican Bay Plaza, # 705	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBS, FRED		NAME	Jack Beery	
STREET ADDRESS	5940 PELICAN BAY PLAZA PHA		STREET ADDRESS	5940 Pelican Bay Plaza, #502	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POCKER, THOMAS		NAME	Jim Philips	
STREET ADDRESS	5940 PELICAN BAY PLAZA #806		STREET ADDRESS	5940 Pelican Bay Plaza, #501	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTH, LENNY		NAME	Susan Samlaska	
STREET ADDRESS	5940 PELICAN BAY PLAZA #505		STREET ADDRESS	5940 Pelican Bay Plaza, #301	
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input 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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODENHOFF, GEORGE		NAME		
STREET ADDRESS	5940 PELICAN BAY PLAZA #506		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		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: 		Date Apr. 28-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			