

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

DOCUMENT# 767625

Entity Name: PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B, INC.

**Current Principal Place of Business:**

5901 SUN BLVD  
200  
ST. PETERSBURG, FL 33715 US

**New Principal Place of Business:**

5940 PELICAN BAY PLAZA  
GULFPORT, FL 33707 US

**Current Mailing Address:**

5901 SUN BLVD  
200  
ST. PETERSBURG, FL 33715 US

**New Mailing Address:**

5901 SUN BLVD  
SUITE 200  
ST. PETERSBURG, FL 33715 US

FEI Number: 59-0475190      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RESOURCE PROPERTY MANAGEMENT  
5901 SUN BLVD  
STE 200  
SAINT PETERSBURG, FL 33715 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HAHN, JOHN  
Address: 5940 PELICAN BAY PLAZA, #PHF  
City-St-Zip: GULFPORT, FL 33707

Title: P ( ) Delete  
Name: REGAN, TOM  
Address: 5940 PELICAN BAY PLAZA, #706  
City-St-Zip: GULFPORT, FL 33707

Title: T (X) Delete  
Name: ABRAMS, GLORIA  
Address: 5940 PELICAN BAY PLAZA, #605  
City-St-Zip: GULFPORT, FL 33707

Title: S ( ) Delete  
Name: BARATELLI, PIERRE  
Address: 5940 PELICAN BAY PLAZA, #1104  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: KUPP, KAREN  
Address: 5940 PELICAN BAY PLAZA #304  
City-St-Zip: GULFPORT, FL 33707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: LORIMER, REGINIA  
Address: 5940 PELICAN BAY PLAZA, #501  
City-St-Zip: GULFPORT, FL 33707

Title: P/T (X) Change ( ) Addition  
Name: REGAN, TOM  
Address: 5940 PELICAN BAY PLAZA, #706  
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER DILTS, CMCA

MGR

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date