

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90501 015 \*\*\*\*61.25

0047392

**DOCUMENT # 767625**

1. Entity Name

**PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING B,  
INC.**



Principal Place of Business

~~5801 SUN BLVD.  
SUITE #203  
ST. PETERSBURG FL 33715  
US~~

Mailing Address

~~% CMC  
4175 EAST BAY DRIVE  
CLEARWATER FL 33764  
US~~

2. Principal Place of Business

Suite, Apt. #, etc.

**7300 PARK ST.**

**SEMINOLE FL**

Zip

**33 777**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

**7300 PARK ST.**

**SEMINOLE, FL**

Zip

**33 777**

Country

**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0475190**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~COMMUNITY MANAGEMENT CONCEPTS, INC.  
4175 EAST BAY DRIVE  
SUITE 205  
CLEARWATER FL 33764~~

7. Name and Address of New Registered Agent

Name **DOROTHY THOMAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O RESOURCE PROPERTY MGMT.  
7300 PARK ST.**  
City **SEMINOLE** FL Zip Code **33777**

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 *Dorothy Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/24/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROTH, LENNY</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA, #505</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>PORTO, JOHN</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA, #701</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>YOCGS, WILLIAM</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA, #303</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARRETSON, MARTHA</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA, #802</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JEWEL, THOMAS</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA, #201</b>	
CITY-ST-ZIP	<b>GULFPORT FL 33707</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, LENNY</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA #505</b>	
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PORTO, JOHN</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA #701</b>	
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROOK, GEORGE</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA</b>	
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEWEL, THOMAS</b>	
STREET ADDRESS	<b>5940 PELICAN BAY PLAZA #201</b>	
CITY-ST-ZIP	<b>GULFPORT, FL 33707</b>	
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: *Thomas E Jewell* **SIGNATURE REQUIRED** **THOMAS E. JEWELL** 2/24/03 727-581-2662

CR2E037 (10/02)