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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

768330

(3)

PELICAN COVE CONDOMINIUM ASSOCIATION OF PERDIDO KEY, INC.

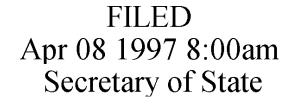
Principal Place of Business

Mailing Address

7196 SHARP REEF
PENSACOLA FL 32507
US

12. Principal Place of Business

PRINCIPAL PRINCIPA





3a. Date of Last Report 03/22/1996

3. Date Incorporated or Qualified 05/09/1983

5 11 1 11		2e. Mailing Address 26		4. FEI Number 59-2871082		oplied For ot Applicable	
Sulte, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.75	\$8.75 Additional Fee Regulred	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Countr	у	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Currer	t Registered Agent	-1:5:1		10. Name and Address of New Regi	istered Agent	
Weir, Ze	ENO .		81		ress (P.O. Box Number is Not Acceptable	14	
7196 SHARP REEF #2 PENSACOLA FL 32507				83			
PENSACI	ULA FL 3250/		100				
			84	,		FL	Code
11. Pursuant to office or re- agent. I am	the provisions of Soctions 617,050 gistered agont, or both, in the State I familiar with, and accept the oblig	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	les, the above authorized be orida Statute	e-named cor y the corpora s.	poration submits this statement for the putition's board of directors. I hereby accept	rpose of changing It the appointment as	s registered registered
SIGNATURE _	Ignature, typed or printed name of registered ago	TOWN And title if equipment and the term	F Benislered An	ent signatura regu	red when reinstating)	DATE	
12.	OFFICERS AN		13.	en signature rego	ADDITIONS/CHANGES TO OFFICE		S IN 12
TITLE	-PD	DELETE	1.1 TITLE	P		☐ Change	Addition
NAME	POTTER NANCY		1.2 NAME	lip	PEISTER RICHARD	_ ·	_
STREET ADDRESS	5 NOTTINGHAM - OR			ADDRESS 5	FISTER, RICHARD 8 CHAMALE COVE LIDELL, LA. 7046		
CITY-ST-ZIP	LINGOLNSHORE IL		1.4 CITY-	ST. 710	1 DEL 7046	0	
TITLE	STD	DELETE	2.1 TITLE		LIBECU, EAT TO THE	Change	Addition
NAME	BENEDICT, SAMUEL R		2.2 NAME	1			
STREET ADDRESS	6141 N. POINT DR.			T ADDRESS			
CITY-ST-ZIP	FLOWERY BRANCH GA		2. 4 CITY-				
TITLE	D	· · · · · · · · · · · · · · · · · · ·		31-211		Change	Addition
NAME	WEIR, ZENO						_
STREET ADDRESS	7196 SHARP REEF #2		- 1	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-				
TITLE			4 1 TITLE			Change	Addition
NAME			4. 2 NAME			-	
STREET ADDRESS				F ADDRESS			
CITY-ST-ZIP			4.4 CITY -				
TITLE		DELETE 5.1		-		Change	Addition
NAME			5.2 NAME			·	_
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	4.		5.4 CITY-1	1			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			•	
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-1				
	· · · · · · · · · · · · · · · · · · ·		0.7 011177		d in Section 119.07(3)(i), Florida Statutes 1 my signature shall have the same legal e It as required by Chapter 617, Florida Sta	I do not be a second for the ad-	

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