FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03980** **(2)**

1. Corporation Name

PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ROBERT A. WEAVER 24 LAUGHING GULL LANE. PELICAN COVE EAST EDGEWATER FL 32141	C/O ROBERT A. WEAVER 24 LAUGHING GULL LANE. PELICAN COVE EAST EDGEWATER FL 32141

3. Date Incorporated or Qualified: **06/29/1984**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2417355** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEAVER, ROBERT A.
24 LAUGHING GULL LANE, PELICAN COVE EAST
EDGEWATER FL 32141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WEAVER, ROBERT A.		1.2 NAME	SCHMIDT, ARLENE	
STREET ADDRESS	24 LAUGHING GULL LANE		1.3 STREET ADDRESS	35 KINGFISHER LN.	
CITY-ST-ZIP	EDGEWATER FL		1.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	RADER, CLYDE E.		2.2 NAME	KILLARNEY, CONNIE	
STREET ADDRESS	21 KINGFISHER LANE		2.3 STREET ADDRESS	27 PELICAN LN.	
CITY-ST-ZIP	EDGEWATER FL		2.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	HORNBERGER, ELLIS		3.2 NAME	MORAN, RICHARD	
STREET ADDRESS	11 LAUGHING GULL LN		3.3 STREET ADDRESS	24 PELICAN LN.	
CITY-ST-ZIP	EDGEWATER FL		3.4 CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	SD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WATSON, RAY		4.2 NAME	BYRNES, JACK	
STREET ADDRESS	4 LAUGHING GULL LANE		4.3 STREET ADDRESS	24 KINGFISHER LN.	
CITY-ST-ZIP	EDGEWATER FL		4.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	COULTER, GEROGE		5.2 NAME	SANDS, WILLIAM	
STREET ADDRESS	18 LAUGHING GULL LANE		5.3 STREET ADDRESS	26 LAUGHING GULL LN.	
CITY-ST-ZIP	EDGEWATER FL		5.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	LUCCITTI, CHESTER		6.2 NAME	MOSES, CLAUDE	
STREET ADDRESS	11 PELICAN DRIVE		6.3 STREET ADDRESS	21 PELICAN LN.	
CITY-ST-ZIP	EDGEWATER FL		6.4 CITY-ST-ZIP	EDGEWATER, FL. 32141	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Weaver ROBERT A. WEAVER 1/30/96 904-428-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #