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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03980 (2)

1. Corporation Name
PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.

Principal Place of Business C/O ROBERT A. WEAVER 24 LAUGHING GULL LANE, PELICAN COVE EAST EDGEWATER FL 32141	Mailing Address C/O ROBERT A. WEAVER 24 LAUGHING GULL LANE, PELICAN COVE EAST EDGEWATER FL 32141
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 32141-4213 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 32141-4213 Country
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3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 02/02/1996
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
85 Zip Code

FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	SCHMIDT, ARLENE
STREET ADDRESS	35 KINGFISHER LANE
CITY-ST-ZIP	EDGEWATER FL
TITLE	D ☐ DELETE
NAME	KILLARNEY, CONNIE
STREET ADDRESS	27 PELICAN LANE
CITY-ST-ZIP	EDGEWATER FL
TITLE	VD ☒ DELETE
NAME	MORAN, RICHARD
STREET ADDRESS	24 PELICAN LANE
CITY-ST-ZIP	EDGEWATER FL
TITLE	D ☐ DELETE
NAME	BRYNES, JACK
STREET ADDRESS	24 KINGFISHER LANE
CITY-ST-ZIP	EDGEWATER FL
TITLE	D ☒ DELETE
NAME	SANDS, WILLIAM
STREET ADDRESS	28 LAUGHING GULL LANE
CITY-ST-ZIP	EDGEWATER FL
TITLE	D ☐ DELETE
NAME	MOSES, CLAUDE
STREET ADDRESS	21 PELICAN LANE
CITY-ST-ZIP	EDGEWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD ☐ Change ☒ Addition
1.2 NAME	HORNBERGER, ELLIS
1.3 STREET ADDRESS	11 LAUGHING GULL LN.
1.4 CITY-ST-ZIP	EDGEWATER, FL. 32141-4213
2.1 TITLE	S/D ☐ Change ☒ Addition
2.2 NAME	WATSON, RAY
2.3 STREET ADDRESS	4 LAUGHING GULL LN.
2.4 CITY-ST-ZIP	EDGEWATER, FL 32141-4213
3.1 TITLE	VD ☒ Change ☐ Addition
3.2 NAME	RADER, CLYDE E.
3.3 STREET ADDRESS	21 KINGFISHER LN.
3.4 CITY-ST-ZIP	EDGEWATER, FL. 32141-4213
4.1 TITLE	T/D ☐ Change ☒ Addition
4.2 NAME	WEAVER, ROBERT
4.3 STREET ADDRESS	24 LAUGHING GULL LN
4.4 CITY-ST-ZIP	EDGEWATER, FL. 32141-4213
5.1 TITLE	D ☒ Change ☐ Addition
5.2 NAME	WEAVER, GRACE
5.3 STREET ADDRESS	24 LAUGHING GULL LN.
5.4 CITY-ST-ZIP	EDGEWATER, FL. 32141-4213
6.1 TITLE	D ☐ Change ☒ Addition
6.2 NAME	COULTER, GEORGE
6.3 STREET ADDRESS	18 LAUGHING GULL LN.
6.4 CITY-ST-ZIP	EDGEWATER, FL. 32141-4213

14. I do 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 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** 1/10/97 (904) 428-4816

CR2E037 (9/96)