

FILED

Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
C/O ROBERT A. WEAVER 24 LAUGHING GULL LANE. PELICAN COVE EAST EDGEWATER FL 32141-4213 US	C/O ROBERT A. WEAVER 24 LAUGHING GULL LANE. PELICAN COVE EAST EDGEWATER FL 32141-4213 US

2. Principal Place of Business		2a. Mailing Address	
21		2b	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 06/29/1984	
4. FEI Number 59-2417355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		81	Name
WEAVER, ROBERT A. 24 LAUGHING GULL LANE, PELICAN COVE EAST EDGEWATER FL 32141-4213		82	Street Address
		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMIDT, ARLENE	1.2 NAME	HORNBERGER, ELLIS
STREET ADDRESS	35 KINGFISHER LANE	1.3 STREET ADDRESS	11 LAUGHING GULL LN
CITY-ST-ZIP	EDGEWATER FL 32141-4213	1.4 CITY-ST-ZIP	EDGEWATER, FL 32141-4213
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILLARNEY, CONNIE	2.2 NAME	ROBERTA. WEAVER
STREET ADDRESS	27 PELICAN LANE	2.3 STREET ADDRESS	24 LAUGHING GULL LN
CITY-ST-ZIP	EDGEWATER FL 32141-4213	2.4 CITY-ST-ZIP	EDGEWATER, FL 32141-4213
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RADER, CLYDE E	3.2 NAME	WATSON, RAY
STREET ADDRESS	21 KINGFISHER LN	3.3 STREET ADDRESS	4 LAUGHING GULL LN
CITY-ST-ZIP	EDGEWATER FL 32141-4213	3.4 CITY-ST-ZIP	EDGEWATER, FL 32141-4213
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYNES, JACK	4.2 NAME	WATSON, JEANNETT
STREET ADDRESS	24 KINGFISHER LANE	4.3 STREET ADDRESS	4 LAUGHING GULL LN
CITY-ST-ZIP	EDGEWATER FL 32141-4213	4.4 CITY-ST-ZIP	EDGEWATER, FL 32141-4213
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEAVER, GRACE	5.2 NAME	COULTER, GEORGE
STREET ADDRESS	24 LAUGHING GULL LANE	5.3 STREET ADDRESS	18 LAUGHING GULL LN
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	EDGEWATER, FL 32141-4213
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSES, CLAUDE	6.2 NAME	
STREET ADDRESS	21 PELICAN LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141-4213	6.4 CITY-ST-ZIP	

14. 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 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: *G. L. T. Warner* *Robert Warner 1/26/2014*

CR2E037 (10/97)