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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03980

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	3. Date Incorporated or Qualifed
21 c/o Jeannette Watson	26 c/o Jeannette Watson	06/29/1984
Suite, Apt. #, etc. 22 4 Laughing Gull Ln.	Suite, Apt. #, etc. 27 4 Laughing Gull Ln.	4. FEI Number 59-2417355 ☐ Applied For ☐ Not Applicable
City & State 23 Pelican Cove East Edgewater, Fl.,	City & State 28 Pelican Cove East Edgewater, Fl.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32141-4213 25 US	Zip / Country 29 32141-4213 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEAVER, ROBERT A. 24 LAUGHING GULL LANE, PELICAN COVE EAST EDGEWATER FL 32141	81 Name: WATSON, JEANNETTE 82 Street Address (P.O. Box Number is Not Acceptable): 4 LAUGHING GULL LANE, PELICAN COVE EAST 83 84 City: EDGEWATER FL 85 Zip Code: 32141

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: Jeannette Watson Jeannette Watson 1/21/99
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	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	SCHMIDT, ARLENE		1.2 NAME	Watson, Jeannette	
STREET ADDRESS	35 KINGFISHER LANE		1.3 STREET ADDRESS	4 Laughing Gull Lane	
CITY-ST-ZIP	EDGEWATER FL 32141		1.4 CITY-ST-ZIP	Edgewater, Fl., 32141-4213	
TITLE	D	☐ DELETE	2.1 TITLE	V.Pres.	☐ Change ☒ Addition
NAME	KILLARNEY, CONNIE		2.2 NAME	Hornberger, Mae	
STREET ADDRESS	27 PELICAN LANE		2.3 STREET ADDRESS	11 Laughing Gull Lane	
CITY-ST-ZIP	EDGEWATER FL 32141		2.4 CITY-ST-ZIP	Edgewater, Fl., 32141-4213	
TITLE	~~D~~	☐ DELETE	3.1 TITLE	S	☐ Change ☐ Addition
NAME	RADER, CLYDE E		3.2 NAME	Watson, Ray	
STREET ADDRESS	21 KINGFISHER LN		3.3 STREET ADDRESS	4 Laughing Gull Lane	
CITY-ST-ZIP	EDGEWATER FL 32141		3.4 CITY-ST-ZIP	Edgewater, Fl., 32141-4213	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRYNES, JACK		4.2 NAME		
STREET ADDRESS	24 KINGFISHER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HORNBERGER, ELLIS		5.2 NAME		
STREET ADDRESS	4 LAUGHING GULL LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOSES, CLAUDE		6.2 NAME		
STREET ADDRESS	21 PELICAN LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Jeannette Watson **SIGNATURE REQUIRED** Jeannette Watson 1/21/99 (904)-427-8764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #