

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03980

1. Entity Name

PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90144 017 ****61.25

Principal Place of Business

C/O JEANNETTE WATSON
4 LAUGHING GULL LN
EDGEWATER FL 32141-4213
US

Mailing Address

C/O JEANNETTE WATSON
4 LAUGHING GULL LN
EDGEWATER FL 32141-4213
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2417355

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, JEANNETTE
4 LAUGHING GULL LANE
PELICAN COVE EAST
EDGEWATER FL 32141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SCHMIDT, ARLENE
STREET ADDRESS 35 KINGFISHER LANE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE P ☒ Change ☐ Addition
NAME Weaver, Robert
STREET ADDRESS 24 Laughing Gull Lane
CITY-ST-ZIP Edgewater, FL 32141

TITLE D ☐ Delete
NAME KILLARNEY, CONNIE
STREET ADDRESS 27 PELICAN LANE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE V ☒ Change ☒ Addition
NAME Lou Scheibel
STREET ADDRESS 20 Blue Heron Drive
CITY-ST-ZIP Edgewater, FL 32141

TITLE D ☐ Delete
NAME RADER, CLYDE E
STREET ADDRESS 21 KINGFISHER LN
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRYNES, JACK
STREET ADDRESS 24 KINGFISHER LANE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME HORNBERGER, ELLIS
STREET ADDRESS 4 LAUGHING GULL LN
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME WATSON, JEANNETTE
STREET ADDRESS 4 LAUGHING GULL LANE
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/00 (904) 427-8764