2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90057 030 ****61.25

000460

DOCUMENT # N03980

1. Entity Name

PELICAN COVE EAST RESIDENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JEANNETTE WATSON 4 LAUGHING GULL LN EDGEWATER FL 32141-4213 US	C/O JEANNETTE WATSON 4 LAUGHING GULL LN EDGEWATER FL 32141-4213 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PELICAN COVE E. RES. ASSN.	same as above
Suite, Apt. #, etc.: c/o Jeannette Watson	Suite, Apt. #, etc.
City & State: 4 Laughing Gull Lane Edgewater	City & State
Zip: 32141-4213 Country: Volusia	Zip: Country: Volusia

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

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 Jeannette Watson, Treasurer 3/3/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WEAVER, ROVERT 24 LAUGHING GULL LANE EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, RAYMOND 4 Laughing Gull Lane Edgewater, Fl. 32141	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHEIBEL, LOU 20 BLUE HERON DRIVE EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RADER, CLYDE E 21 KINGFISHER LN EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYNES, JACK 24 KINGFISHER LANE EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HORNBERGER, ELLIS 4 LAUGHING GULL LN EDGEWATER FL 32141	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WATSON, JEANNETTE 4 LAUGHING GULL LANE EDGEWATER FL 32141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Jeannette Watson SIGNATURE REQUIRED Jeannette Watson, Treas. 3/3/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #