

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90102 035 ****61.25

DOCUMENT # N95000001607

1. Corporation Name

PELICAN CAY ASSOCIATION, INC.

Principal Place of Business

C/O PINES PROPERTY MORT
17340 PINES BLVD
PEMBROKE PINES FL 33029
US

Mailing Address

C/O PINES PROPERTY MORT
PO BOX 820100
SO. FLORIDA FL 33082
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 17794 SW 2nd ST

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/05/1995

4. FEI Number

65-0631794

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

C/O PINES PROPERTY MORT
EUNNS, THOMAS R., JR.
17340 PINES BLVD
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name C/O PINES PROPERTY MORT
82 Street Address (P.O. Box Number is Not Acceptable)
EVANS, THOMAS R JR
83 17794 SW 2nd ST
84 City PEMBROKE PINES FL 85 Zip Code 33029

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	CASTRO, RICK	18206 SW 26 CT	MIRAMAR FL	<input type="checkbox"/>
DST	MCCORMICK	18161 SW 25 ST	MIRAMAR FL	<input checked="" type="checkbox"/>
D	DEPLAZA, MARCI	1401 UNIVERSITY DR #200	CORAL SPRINGS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
DVP	FITCH, DARON	18222 SW 25 ST	MIRAMAR FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
OT	BALOGH, ROBERT	18151 SW 25 ST	MIRAMAR FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
DS	PERRY JR, WILLIAM P	18296 SW 26 ST	MIRAMAR FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99

0027421

CR2E037 (11/98)