

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755539 (4)
1. Corporation Name

PELICAN REEF CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1632 S BAYSHORE COURT COCONUT GROVE FL 33133
Mailing Address: 1632 S BAYSHORE COURT COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: 12/15/1980
3a. Date of Last Report: 07/20/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2140403
Applied For: Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSO, JOHN D
1632 S BAYSHORE CT #403
MIAMI FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 state if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSO, JOHN PAUL	
STREET ADDRESS	1632 S BAYSHORE CT #403	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GROUT, NORMAN T	
STREET ADDRESS	1632 S. BAYSHORE CT. #501	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYONS, PAUL	
STREET ADDRESS	1632 S BAYSHORE CT #303	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNWALD, HANS	
STREET ADDRESS	1632 S. BAYSHORE CT. VILLA Z	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STEEN, GUNTHER	
STREET ADDRESS	1632 S BAYSHORE CT VILLA 1	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME	CONTE, DOROTHY	
2.3 STREET ADDRESS	1632 S. BAYSHORE CT. #603	
2.4 CITY-ST-ZIP	MIAMI FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS	900001831609	
4.4 CITY-ST-ZIP	-05/21/96--0104D--022	
	***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)