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 Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90127 005 ****66.75

DOCUMENT # 75255	54			
, PELICAN BAY APTS., INC.				
Principal Place of Business	Mailing Address			
GERALD A. CURYLO 300 CROTON AVE. APT. 402 LANTANA FL 33462 US	PELICAN BAY APTS 402 300 Croton Avenue Lantana FL 33462 US			
Principal Place of Susiness 21	2a. Mailing Address		<u></u>	3. Date Incorporated or Qualifed 05/20/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number 59-2150558
City & State	City & State		+_a=+.	5. Certificate of Status Desired
Zip Country 24 25	Zip 29 30	Country		6. Election Campaign Financing Trust Fund Contribution A
9. Name and Address of Cu		1	·	10. Name and Address of New Registered Agent
		81	Name	
CURYLO, GERALD A		82	Street Add	Iress (P.O. Box Number is Not Acceptable) Fig. 1. In
300 CROTON AVE. APT. #402		83		
LANTANA FL 33462		84	City	FL 85

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	#40		.,

CURYLO, GERALD A 300 CROTON AVE.		82	Street	Address (P.O. Box Number is Not	Acceptable)	h Par I.	1.44	
300 CHO1 APT. #402			83					-
LANTANA	_		84	City		<u> </u>	85 Zip Co	ode
						<u> </u>	_	
office or r	to the provisions of Sections 617.0502 and 617.15 egistered agent, or both, in the State of Florida. So m familiar with, and accept the objections of, Sect	ich change was auth	orizea by	tne corpo	corporation submits this statemer oration's board of directors. I here	t for the purpose of by accept the appo	f changing its re intment as regi	egistered istered
SIGNATURE	Guald a lines	agent,	9	Tra	sideal	1//3/	97	
12.	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR	<u> </u>	gistered Agent	t signature n	equired when reinstating) ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PS OPPICERS AND DIRECTOR	☐ DELETE	1.1 TITLE		D		Change	☐ Addition
NAME	STORIN, ELAINE		1.2 NAME					
NAME STREET ADDRESS	300 CROTON AVE., APT. 201		1.3 STREET	ADDRESS				
CITY-ST-ZIP	LANTANA FL		1.4 CITY-ST	Γ-ZIP				
TITLE	SD	⊠ DELETE	2.1 TITLE		SD		Change	☐ Addition
NAME	LAVIS, EDWARD		2.2 NAME		LAVIS, CHRIS	AAT	401	
STREET ADDRESS	.300 CROTON AVE., APT. 401		2.3 STREET	ADDRESS	LAVIS, CHRIS 300 CrOTON A LANTAGA, FL			
CITY-ST-ZIP	LANTANA, FL 00000		2.4 CITY-S	T-ZIP	LANTANA, F-C	33463	<u></u> _	
TITLE	T	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME	BARFKNECHT, ROBERT J		3.2 NAME				•	
STREET ADDRESS	300 CROTON AVE, APT 102		3.3 STREET	ADDRESS		•		
CITY-ST-ZIP	LANTANA FL 33462		3.4. CITY-S	T-ZIP		·		- A 44100 -
TITLE	D	☐ DELETE	4.1 TITLE		PS	4	Change Change	Addition
NAME	Curylo, Gerald		4. 2 NAME	•	CUTYLE, GETZLE 300 Croton Al	7. 402		
STREET ADDRESS	300 CROTON AVENUE APT. 402		4.3 STREET	ADDRESS	SOO CFOTON NO	+21113		
CITY-ST-ZIP	LANTANA FL		4.4 CITY-ST	T- ZIP	LANTAMA, FL,	25402	☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				Change	T) VOUDON
NAME			5.2 NAME 5.3 STREET	r ADDDECO				Í,
STREET ADDRESS			5.3 STREET		,	,	,	
CITY-ST-ZIP		DELETE	6.1 TITLE	1-211	<u> </u>		Change	Addition
TITLE		□ here ie	6.2 NAME			,	٠	
NAME			6.3 STREET	T ANN DECC			•	
STREET ADDRESS			6.4 CITY-S				•	
CITY-ST-ZIP	Life At A Marie Company of the String of the	loop not quelify for the			t in Section 119 07(3)(i) Florida 5	Statutes I further o	artify that the in	formation

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 informati 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, open an attachment with an address with all other like empowered.

SIGNATURE:

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional