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FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90028 021 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 755539

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/15/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2140403

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 25

29 30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

1.1 TITLE Change Addition

NAME RUSSO, JOHN PAUL
STREET ADDRESS 1632 S BAYSHORE CT #403
CITY-ST-ZIP MIAMI FL 33133

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE

2.1 TITLE Change Addition

NAME TURNWALD, HANS
STREET ADDRESS 1632 S. BAYSHORE CT. VILLA Z
CITY-ST-ZIP MIAMI FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TSD DELETE

3.1 TITLE Change Addition

NAME ANDOLSEK, CHARLES
STREET ADDRESS 1632 S BAYSHORE CT #502
CITY-ST-ZIP MIAMI FL 33133

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

John Paul Russo
SIGNATURE REQUIRED JOHN PAUL RUSSO

Date

3/30/99 305 284 2182
Daytime Phone #

CR2E037 (11/98)