

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90179 044 ****61.25

DOCUMENT # 755539

1. Entity 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

A0067257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2140403

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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	PD	<input type="checkbox"/> Delete
NAME	RUSSO, JOHN PAUL	
STREET ADDRESS	1632 S BAYSHORE CT #403	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TURNWALD, HANS	
STREET ADDRESS	1632 S. BAYSHORE CT. VILLA Z	
CITY-ST-ZIP	MIAMI FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	ANDOLSEK, CHARLES	
STREET ADDRESS	1632 S BAYSHORE CT #502	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW RUSSLER ANDREW	
STREET ADDRESS	1632 S. BAYSHORE CT #403	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSLER, ANDREW	
STREET ADDRESS	1632 S. BAYSHORE CT, #401	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDOLSEK, CHARLES	
STREET ADDRESS	1632 S. BAYSHORE CT, #502	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: CHARLES M. ANDOLSEK 4/26/01 305 648 5963