

FILE NOW: FILING FEE IS \$61.25

1.2

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 725061 (6)
1. Corporation Name
PELICAN HARBOUR AND BEACH CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231-0603
C/O CONDOMINIUM MGMT INC 1801 GLENGARY ST SARASOTA FL 34231-0603

3. Date Incorporated or Qualified: 12/19/1972
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-1541643
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT, INC.
1801 GIENGARY STREET
SARASOTA FL 34231-3603**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, DAVID	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE, AA-2	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLEY, WILLIAM	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE BB-1	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAGOT, ALFRED W.	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE H-2	
CITY-ST-ZIP	LONGBOAT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENNY, TOM	
STREET ADDRESS	4234 GULD OF MEXICO DRIVE MH-5	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, DAN	
STREET ADDRESS	4234 GULF OF MEXICO DR C-1	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CLARK, P R	
STREET ADDRESS	1801 GLENGARY ST	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED

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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 the 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: *Richard Clark* 4/15/96 941-921-5393
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard Clark

CR2E037 (12/95)

PHB**Pelican Harbour and Beach Club, Inc.**

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Manager	TAG	Local Address
P/D		Mr. Paul Allen 4234 Gulf of Mexico Drive ✓ N-1 Longboat Key, FL 34228
V/D		Mrs. Joan Sapsteln ✓ 4234 Gulf of Mexico Drive O-2 Longboat Key, FL 34228
S/D		Mrs. Virginia McArdle ✓ 4234 Gulf of Mexico Drive V-1 Longboat Key, FL 34228
T/D		Tom Kenny ✓ 4234 Gulf of Mexico Dr. #U2 Longboat Key, FL 34228
D		Mr. Ed Rubinow ✓ 4239 Gulf of Mexico Drive #2 Longboat Key, FL 34228
D		Mrs. June L. Lefkowitz 4234 Gulf of Mexico Drive Q-2 Longboat Key, FL 34228
D		Mr. David Whitworth 4234 Gulf of Mexico Drive Unit R1 Longboat Key, FL 34228
D		Mrs. Norma Jean Krendell 4234 Gulf of Mexico Drive Unit B-2 Longboat Key, FL 34228
D		LaVonne Moody 4234 Gulf of Mexico Drive D-1 Longboat Key, FL 34228
A/S		P. Richard Clark ✓ 1801 Glennary Street