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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 725061

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1541643	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MANAGEMENT, INC.
 1801 GLENGARY STREET
 SARASOTA FL 34231-3603

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PAUL	1.2 NAME	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPSTEIN, JOAN MRS.	2.2 NAME	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE, 0-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Addition
NAME	MCARDLE, VIRGINIA	3.2 NAME	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE V-1	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT FL 34228	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNY, TOM	4.2 NAME	
STREET ADDRESS	4234 GULF OF MEXICO DRIVE U-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWES, NORMAN	5.2 NAME	
STREET ADDRESS	4234 GULF OF MEXICO DR #U2	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RICHARD P	6.2 NAME	
STREET ADDRESS	1801 GLENGARY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

SEE ATTACHED LIST

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

Manager **GAIL***Local Address*

Date Printed:

2/2/99

Code

P/D**Mr. Paul Allen**
4234 Gulf of Mexico Drive
N-1
Longboat Key, FL 34228725061
447029-90173-42

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V/D**Mr. Richard Neufeld**
4234 Gulf of Mexico Dr.
Unit G1
Longboat Key, FL 34228

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S/D**Mr. Sheldon Kahn**
4234 Gulf of Mexico Drive
Unit A-2
Longboat Key, FL 34228

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T/D**Mr. Richard H. Eagan**
4234 Gulf of Mexico Drive
Unit #Q-1
Longboat Key, FL 34228

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D**Mrs. June L. Lefkowitz**
4234 Gulf of Mexico Drive
#Q-2
Longboat Key, FL 34228

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D**Ms. Margaret Rubinow**
4239 Gulf of Mexico Drive
Unit #2MH2
Longboat Key, FL 34228

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D**Ms. LaVonne M. Moody**
4234 Gulf of Mexico Drive
D-1
Longboat Key, FL 34228

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AS**Mr. P. Richard Clark**
1801 Glengary Street
Sarasota, FL 34231

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AT**Mr. Paul R. Clark**
1801 Glengary Street
Sarasota, FL 34231

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