

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 741212 (5)

1. Corporation Name

PELICAN COVE OF BROWARD COUNTY, INC.



Principal Place of Business: 2625 N.E. 28TH COURT, LIGHTHOUSE POINT FL 33064-8248
Mailing Address: 2625 N.E. 28TH COURT, LIGHTHOUSE POINT FL 33064-8248

3. Date Incorporated or Qualified: 12/22/1977
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	22. Suite, Apt #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number: 59-2155434	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>					8.75 Additional Fee Required						
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					5.00 May Be Added to Fees						
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BORST, MARY LOU 2625 N.E. 28TH COURT, APT. A LIGHTHOUSE POINT FL 33064				81 Name: Bond, Mary Lou			
				82 Street Address (P.O. Box Number is Not Acceptable):			
				83 (SAME)			
				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: Mary Lou Bond Mary Lou Bond DATE: 3-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: T	NAME: BORST, MARY LOU	1.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2625 N.E. 28TH COURT	CITY-ST-ZIP: LIGHTHOUSE POINT FL	1.2 NAME: Bond, Mary Lou	
1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD	NAME: CORDREY, JOSEPH	2.2 NAME:	
STREET ADDRESS: 2625 NE 28TH COURT	CITY-ST-ZIP: LIGHTHOUSE POINT FL	2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: SO	NAME: KEYES, NYMAH T.	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2625 N.E. 28TH COURT	CITY-ST-ZIP: LIGHTHOUSE POINT FL	3.2 NAME:	
3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NAME: MCQUEARY, DENNIS	4.2 NAME:	
STREET ADDRESS: 2625 NE 28 CT	CITY-ST-ZIP: LIGHTHOUSE POINT FL	4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: BOND, JOHN W	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2625 N E 28TH CT	CITY-ST-ZIP: LIGHTHOUSE POINT FL	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:		6.2 NAME:	
6.3 STREET ADDRESS:		6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 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.

SIGNATURE: Mary Lou Bond, Treas. DATE: 3-27-96 (954) 973-4528

CR2E037 (12/95)