

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/22/1977	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2155434		
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BOND, MARY LOU
2625 N.E. 28TH COURT, APT. A
LIGHTHOUSE POINT FL 33064**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	BOND, MARY LOU	
STREET ADDRESS	2625 N.E. 28TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CORDREY, JOSEPH	
STREET ADDRESS	2625 NE 28TH COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEYES, NYMAH T.	
STREET ADDRESS	2625 N.E. 28TH COURT	
CITY-ST-ZIP	LIGHTHOSUE POINT FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCQUEARY, DENNIS	
STREET ADDRESS	2625 NE 28 CT	
CITY-ST-ZIP	LIGHHOUSE POINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOND, JOHN W	
STREET ADDRESS	2625 N E 28TH CT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VPD <input checked="" 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	

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.

SIGNATURE: Mary Lou Bond, Treasurer **3-4-98 (954) 946-2613**

CR2E037 (10/97)