## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 741212**

Principal Place of Business

PELICAN COVE OF BROWARD COUNTY, INC.

2625 N.E. 28TH. COURT LIGHTHOUSE POINT FL 33064-8248  2625 N.E. 28TH. COURT LIGHTHOUSE POINT FL 3306				1-8248		
Principal Place of Business     Za. Mailing Address						3. Date incorporated or Qualifed
21		26	26			12/22/1977
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			4. FEI Number Applied For
22	_ <del>_</del>	27				- 59-2155434 Not Applicable
City & Stat	e	City & Sta	City & State			5. Certificate of Status Desired   \$8.75 Additional
23		28				Fee Required
Zip Country Zip			Country			6. Election Campaign Financing \$5.00 May Be
24	25	29	30			Trust Fund Contribution Added to Fees
	9. Name and Address of Currer	t Registered Ager	nt		Maria	10. Name and Address of New Registered Agent
				81	Name	·
BOND, MARY LOU				82	Street A	Address (P.O. Box Number is Not Acceptable)
2625 N.E. 28TH COURT, APT. A					· ·	
LIGHTHOUSE POINT FL 33064			83			
				84	City	85 Zip Code
					_	corporation submits this statement for the purpose of changing its registered
agent. I a	m familiar with, and accept the obligation of the state of the obligation of the state of the st	d Treas	ures			equired when reinstating)  A/II/49  DATE
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	T		DELETE	1.1 TITLE		☐ Change ☐ Addit
NAME	BOND, MARY LOU			1.2 NAME	}	
STREET ADDRESS	2625 N.E. 28TH COURT			1.3 STREET	ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL			1.4 CITY-S	T-ZIP	
TITLE	PD		DELETE	2.1 TITLE		☐ Change ☐ Addit
NAME	CORDREY, JOSEPH		3	2.2 NAME	- }	
STREET ADDRESS	2625 NE 28TH COURT			2.3 STREET	ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL			2:4 CITY-S	17-23P	للمعتبس والمتصمصية والمارية والمستضيرية الاوامان
TITLE	SD		DELETE	3.1 TITLE		Change Addit
NAME	KEYES, NYMAH T.		J	3.2 NAME	J	
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP	LIGHTHOSUE POINT FL	-		3.4. CITY-S	IT-ZIP	<u> </u>
TITLE	VPD		DELETE	4.1 TITLE		. ☐ Change ☐ Addi
NAME	MCQUEARY, DENNIS			4. 2 NAME		•
STREET ADDRESS			[	4,3 STREET	ADDRESS	. , ,
CITY-ST-ZIP	LIGHHOUSE POINT FL			4.4 CITY-S		<u> </u>
TITLE	D		DELETE	5.1 TITLE		☐ Change ☐ Addir
NAME	BOND, JOHN W			5.2 NAME		
STREET ADDRESS	i,		•	5.3 STREET	TADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL			5.4 CITY-S	T-ZIP	
TITLE	LIGHT TOTAL TOTAL		TOFLETE	6.1 TITLE		. Change Addit

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90159 014 \*\*\*\*61.25

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