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Jan 27 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 # 752554 (6)
 1. Corporation Name
PELICAN BAY APTS., INC.



Principal Place of Business GERALD A. CUYLO 300 CROTON AVE. APT. 402 LANTANA FL 33462 US	Mailing Address PELICAN BAY APTS 402 300 CROTON AVENUE LANTANA FL 33462 US
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3. Date Incorporated or Qualified 05/20/1980	
4. FEI Number 59-2150558	Applied For <input type="checkbox"/> 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
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CURYLO, GERALD A
 300 CROTON AVE.
 APT. #402
 LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Gerald A. Curylo* Agent & Managing Director DATE: 1/15/98

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	STORIN, ELAINE	
STREET ADDRESS	300 CROTON AVE., APT. 201	
CITY-ST-ZIP	LANTANA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAVIS, EDWARD	
STREET ADDRESS	300 CROTON AVE., APT. 401	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	VAN HOOGEN, PAULA	
STREET ADDRESS	300 CROTON AVE., APT. 302	
CITY-ST-ZIP	LANTANA FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	CURYLO, GERALD	
STREET ADDRESS	300 CROTON AVENUE APT. 402	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input 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 checked="" type="checkbox"/> Addition
3.2 NAME	T BARFKNECHT ROBERT J.
3.3 STREET ADDRESS	300 CROTON AVE APT. 102
3.4 CITY-ST-ZIP	LANTANA, FL. 33462
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gerald A. Curylo* **SIGNATURE REQUIRED** 1-14-98 1-561-585-5259

CR2E037 (10/97)