FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 JUL 20 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **755539** **(4)**

1. Corporation Name
PELICAN REEF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1632 S BAYSHORE COURT COCONUT GROVE FL 33133	1632 S BAYSHORE COURT COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **12/15/1980**
3a. Date of Last Report: **05/10/1994**
4. FEI Number: **59-2140403** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CONTE, VINCENT
1632 S BAYSHORE CT #603
MIAMI FL 33133

10. Name and Address of New Registered Agent

31 Name: JOHN PAUL RUSSO
32 Street Address (P.O. Box Number is Not Acceptable): 1632 S. BAYSHORE CT. #403
33
34 City: MIAMI FL 35 Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: John Paul Russo — 30 May 1995
(Attach typed, printed or written name of registered agent and title if applicable) (NEW Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CONTE, VINCENT	12 NAME	JOHN PAUL RUSSO	
STREET ADDRESS	1632 S BAYSHORE CT 603	13 STREET ADDRESS	1632 S BAYSHORE CT #403	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI FL 33133	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	CROUT, NORMAN T	22 NAME		
STREET ADDRESS	1632 S. BAYSHORE CT. #501	23 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	LYONS, PAUL	32 NAME		
STREET ADDRESS	1632 S BAYSHORE CT #303	33 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE	D	☒ Change ☐ Addition
NAME	GREEN, DR. S	42 NAME	HANS TURNWALD	
STREET ADDRESS	1632 S. BAYSHORE CT. #302	43 STREET ADDRESS	1632 S. BAYSHORE CT. VILLA 2	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	MIAMI FL 33133	
TITLE	DV	51 TITLE	V	☐ Change ☒ Addition
NAME	STEEN, GUNTHER	52 NAME		
STREET ADDRESS	1632 S BAYSHORE CT VILLA 1	53 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP		
TITLE		61 TITLE	7/20/95 MS	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: John Paul Russo — 30 May 1995 — 305-234-2182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007250