

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755539

1. Entity Name

PELICAN REEF CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1632 S BAYSHORE COURT
COCONUT GROVE FL 33133

Mailing Address

1632 S BAYSHORE COURT
COCONUT GROVE FL 33133-4030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2140403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, JOHN D
1632 S BAYSHORE CT #403
MIAMI FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RUSSO, JOHN PAUL
STREET ADDRESS 1632 S BAYSHORE CT #403
CITY-ST-ZIP MIAMI FL 33133

TITLE VD ☐ Delete
NAME TURNWALD, HANS
STREET ADDRESS 1632 S. BAYSHORE CT.VILLA Z
CITY-ST-ZIP MIAMI FL

TITLE TSD ☐ Delete
NAME ANDOLSEK, CHARLES
STREET ADDRESS 1632 S BAYSHORE CT #502
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SECRETARY/TREASURER
CHARLES J. ANDOLSEK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/00

(305) 854-1766

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90015 028 ****61.25



DO NOT WRITE IN THIS SPACE