

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7: 15

DOCUMENT # **760330** (1)
1. Corporation Name
PELICAN COVE PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
INC. 6110 N OCEAN BLVD OCEAN RIDGE FL 33435

3. Date Incorporated or Qualified **10/08/1981** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-2165573** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**JOH, ERIK
4600 NORTH OCEAN BLVD.
BOYNTON BEACH FL 33435**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBINS, HUGH	12 NAME	
STREET ADDRESS	6110 N OCEAN BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	OCEAN RIDGE, FL 00000	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUSSNER, AL	22 NAME	
STREET ADDRESS	6110 N OCEAN BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	OCEAN RIDGE, FL 00000	24 CITY - ST - ZIP	
TITLE	DP	31 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XXXXXXXXXX	32 NAME	HOLLERAN BERT
STREET ADDRESS	6110 N OCEAN BLVD OCEAN RIDGE, FL	33 STREET ADDRESS	6110 nrth Ocean Boul
CITY - ST - ZIP	OCEAN RIDGE, FL	34 CITY - ST - ZIP	Ocean Ridge, FL 33435
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRD, DON MICHAEL	42 NAME	
STREET ADDRESS	C/O 6110 N OCEAN BLVD	43 STREET ADDRESS	
CITY - ST - ZIP	OCEAN RIDGE FL	44 CITY - ST - ZIP	
TITLE	DS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUTH, STEPHANIE	52 NAME	
STREET ADDRESS	C/O 6110 N OCEAN BLVD	53 STREET ADDRESS	
CITY - ST - ZIP	OCEAN RIDGE FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: **DON MICHAEL BRD TREASURER** 03-25-95 407-732-0469
Don Michael Brd

Signature and Title of Officer or Director (Date) (Day/Month/Year)