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0044131

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 760330**

1. Corporation Name

**PELICAN COVE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

INC.  
 6110 N OCEAN BLVD  
 OCEAN RIDGE FL 33435

Mailing Address

INC.  
 6110 N OCEAN BLVD  
 OCEAN RIDGE FL 33435



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/08/1981

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

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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
 NAME HERTIG, MAX  
 STREET ADDRESS 6110 N OCEAN BLVD  
 CITY-ST-ZIP OCEAN RIDGE, FL 00000  DELETE

TITLE DT  
 NAME GARTHUNE, JAMES  
 STREET ADDRESS 6110 NORTH OCEAN BLVD  
 CITY-ST-ZIP OCEAN RIDGE, FL 00000  DELETE

TITLE DV  
 NAME BLUM, TOM  
 STREET ADDRESS 6110 NORTH OCEAN BLVD  
 CITY-ST-ZIP OCEAN RIDGE FL  DELETE

TITLE DS  
 NAME CAMPBELL, MARY  
 STREET ADDRESS 6110 NORTH OCEAN BLVD.  
 CITY-ST-ZIP OCEAN RIDGE FL  DELETE

TITLE DP  
 NAME KRUTH, STEPHANIE  
 STREET ADDRESS 6110 NORTH OCEAN BLVD.  
 CITY-ST-ZIP OCEAN RIDGE FL  DELETE

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV  Change  Addition  
 1.2 NAME BLACK, VAN-LEAP  
 1.3 STREET ADDRESS 6110 N OCEAN BLVD #10  
 1.4 CITY-ST-ZIP OCEAN RIDGE, FL

2.1 TITLE TREASURER  Change  Addition  
 2.2 NAME LANTERO, LAURENCE  
 2.3 STREET ADDRESS 6110 N. OCEAN BLVD #8  
 2.4 CITY-ST-ZIP

3.1 TITLE DP  Change  Addition  
 3.2 NAME BLUM, TOM  
 3.3 STREET ADDRESS 6110 N OCEAN BLVD, #27  
 3.4 CITY-ST-ZIP OCEAN RIDGE, FL

4.1 TITLE DS  Change  Addition  
 4.2 NAME CAMPBELL, MARY  
 4.3 STREET ADDRESS 6110 N OCEAN BLVD #32  
 4.4 CITY-ST-ZIP OCEAN RIDGE, FL

5.1 TITLE DV  Change  Addition  
 5.2 NAME TOWNSEND, JOHN  
 5.3 STREET ADDRESS 6110 N OCEAN BLVD #18  
 5.4 CITY-ST-ZIP OCEAN RIDGE

6.1 TITLE  Change  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)(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.

SIGNATURE:

*M. J. [Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99  
 Date

561-732-5969  
 Daytime Phone #

CR2E037 (11/98)