

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

764051

PELICAN BAY YACHT CLUB
PROPERTY OWNERS' ASSOCIATION, INC.

REINSTATEMENT

98-99

Principal Place of Business 5935 Skimmer Pt. Blvd. GULFPORT, FL. 33707		Mailing Address 5950 Pelican Bay Plaza GULFPORT, FL. 33707		3. Date Incorporated or Qualified JULY 7, 1982	
2. Principal Place of Business 21 5935 Skimmer Pt. Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 5950 Pelican Bay Pl. Suite, Apt. #, etc.		4. FEI Number 59-2235211	
22 City & State 23 GULFPORT, FL. 33707 Zip		27 City & State 28 GULFPORT, FL. 33707 Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24 33707		29 33707		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 USA		30 USA		7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent FRANK BLASIO WILLIAM SPINKS		10. Name and Address of New Registered Agent 81 Name JOHN A. PORTO 82 Street Address (P.O. Box Number is Not Acceptable) 5940 Pelican Bay Plaza #405 83 84 City GULFPORT FL 85 Zip Code 33707			
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 <i>John A. Porto Pres.</i> JOHN A. PORTO, PRES. 12/15/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PRESIDENT NAME WILLIAM SPINKS STREET ADDRESS 5940 Pelican Bay Pl. #601 CITY-ST-ZIP			1.1 TITLE PRESIDENT ☒ Change ☐ Addition 1.2 NAME JOHN A. PORTO, D 1.3 STREET ADDRESS 5940 Pelican Bay Plaza #405 1.4 CITY-ST-ZIP GULFPORT, FL. 33707		
TITLE SECRETARY NAME FRANK BLASIO STREET ADDRESS 5950 Pelican Bay Plaza CITY-ST-ZIP			2.1 TITLE SECRETARY ☒ Change ☐ Addition 2.2 NAME INGE CAULFIELD, D 2.3 STREET ADDRESS 5950 Pelican Bay Plaza #306 2.4 CITY-ST-ZIP GULFPORT, FL. 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE TRUSTEE 3.2 NAME JACK SCHMIDT T 3.3 STREET ADDRESS 5950 Pelican Bay Plaza #801 3.4 CITY-ST-ZIP GULFPORT, FL. 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 300002747833--5 4.4 CITY-ST-ZIP -01/20/99--01063--010		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 300002747833--5 5.4 CITY-ST-ZIP -01/20/99--01063--011		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 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: <i>John A. Porto Pres.</i> JOHN A. PORTO PRES. 12/15/98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (5/98)