

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
Jun 08, 2000 8:00 am
Secretary of State

05-05-2000 90044 037 ****61.25

DOCUMENT # 764051

1. Entity Name

PELICAN BAY YACHT CLUB PROPERTY OWNERS ASSOCIATI

Principal Place of Business

5935 SKIMMER PT. BLVD.
 GULFPORT FL 33707

Mailing Address

5950 PELICAN BAY PLACE, #306
 GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2235211

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PORTO, JOHN A
 5940 PELICAN BAY PLAZA, #405
 GULFPORT FL 33707

Name
 Newton, William C.
 Street Address (P.O. Box Number is Not Acceptable)

5901 Sun Blvd. Suite 203
 City St. Petersburg FL Zip Code 33715

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME PORTO, JOHN A
 STREET ADDRESS 5940 PELICAN BAY PLAZA, #405
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME CAULFIELD, INGE
 STREET ADDRESS 5950 PELICAN BAY PLAZA, #306
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD ☒ Delete
 NAME SCHMIDT, JACK
 STREET ADDRESS 5950 PELICAN BAY PLAZA, #801
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)