

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90064 013 ****61.25

DOCUMENT # 764051 1. Entity Name PELICAN BAY YACHT CLUB PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 5935 SKIMMER PT. BLVD. GULFPORT, FL 33707			Mailing Address C/O RESOURCE PROP MGMT 7300 PARK ST SEMINOLE, FL 33777		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2235211	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, DOROTHY C/O RESOURCE PROPERTY MGMT 7300 PARK ST. SEMINOLE, FL 33777				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAULFIELD, INGE 5950 PELICAN BAY PLAZA #306 GULFPORT, FL 33707	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGE CAULFIELD 5950 PELICAN BAY PLAZA #306 GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, ED 5950 PELICAN BAY PLAZA #402 GULFPORT, FL 33707	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ED RUSSELL 5950 PELICAN BAY PLAZA #402 GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRACZEWSKI, JOHN 5940 PELICAN BAY PLAZA #405 GULFPORT, FL 33707	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fred Gibbs 5940 Pelican Bay Plaza PHA Gulfport, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTO, JOHN 5940 PELICAN BAY PLAZA #701 GULFPORT, FL 33707	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas PACKER 5940 PELICAN BAY PLAZA GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 empowerers.					
SIGNATURE: <i>Doree Caulfield</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>2/11/04</i> Daytime Phone # <i>727-581-2662</i>					