

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90205 043 ****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

5950 PELICAN BAY PLAZA #306
GULFPORT FL 33707

2. Principal Place of Business

3. Mailing Address

210 Resource Prop Mgmt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7300 PARK ST

City & State

City & State

SEMINOLE, FL

Zip

Country

Zip

Country

33777

USA

4. FEI Number *59-2235211*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 EAST BAY DR. #205-
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

DOROTHY THOMAS

Street Address (P.O. Box Number is Not Acceptable)

210 Resource Property Mgmt

7300 PARK ST

City

SEMINOLE

FL

Zip Code

33777

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.

SIGNATURE

Dorothy Thomas

DOROTHY THOMAS

4/2/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *VPD* ☒ Delete
NAME *BLASIO, FRANK*
STREET ADDRESS *5950 PELICAN BAY PLAZA, #805*
CITY-ST-ZIP *GULFPORT FL 33707*

TITLE *TD* ☐ Delete
NAME *RUSSELL, ED*
STREET ADDRESS *5950 PELICAN BAY PLAZA #402*
CITY-ST-ZIP *GULFPORT FL 33707*

TITLE *SD* ☒ Delete
NAME *DODENHOFF, GEORGE*
STREET ADDRESS *5940 PELICAN BAY PLAZA #906*
CITY-ST-ZIP *GULFPORT FL 33707*

TITLE *PD* ☐ Delete
NAME *PORTO, JOHN*
STREET ADDRESS *5940 PELICAN BAY PLAZA #701*
CITY-ST-ZIP *GULFPORT FL 33707*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *PD* ☐ Change ☒ Addition
NAME *CAULFIELD, INGE*
STREET ADDRESS *5950 PELICAN BAY PLAZA #306*
CITY-ST-ZIP *GULFPORT, FL 33707*

TITLE *SD* ☒ Change ☐ Addition
NAME *RUSSELL, ED*
STREET ADDRESS *5950 PELICAN BAY PLAZA #402*
CITY-ST-ZIP *GULFPORT, FL 33707*

TITLE *TD* ☐ Change ☒ Addition
NAME *TRACZEWSKI, JOHN*
STREET ADDRESS *5940 PELICAN BAY PLAZA #405*
CITY-ST-ZIP *GULFPORT, FL 33707*

TITLE *VPD* ☒ Change ☐ Addition
NAME *PORTO, JOHN*
STREET ADDRESS *5940 PELICAN BAY PLAZA #701*
CITY-ST-ZIP *GULFPORT, FL 33707*

TITLE ☐ Change ☐ Addition
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)(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 empowered.

SIGNATURE:

Dorothy Thomas

4/2/03

727-581-2662

CR2E037 (10/02)