

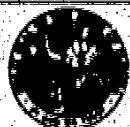
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **764086** (5)

1. Corporation Name

**PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING A, INC.**

Principal Place of Business

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.  
1301 SEMNOLE BLVD. STE 110  
LARGO FL 34640-5183  
US

C/O INFINITI PROPERTY MANAGEMENT, INC.  
1301 SEMNOLE BLVD. STE 110  
LARGO FL 34640-5183  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/08/1982</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>59-2235205</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for mangibito tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMNOLE BLVD.  
STE. 110  
LARGO 34640-5183**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWENSSON, EDWIN A.</b>	1.2 NAME	<b>FORD, MARY</b>
STREET ADDRESS	<b>5950 PELICAN BAY PLAZA UNIT 703</b>	1.3 STREET ADDRESS	<b>5950 PELICAN BAY PLAZA UNIT 504</b>
CITY - ST - ZIP	<b>GULFPORT FL</b>	1.4 CITY - ST - ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAULFIELD, EUGENE</b>	2.2 NAME	<b>NEITHAMER, RICHARD</b>
STREET ADDRESS	<b>5950 PELICAN BAY PLAZA UNIT 603</b>	2.3 STREET ADDRESS	<b>5950 PELICAN BAY PLAZA UNIT 505</b>
CITY - ST - ZIP	<b>GULFPORT FL</b>	2.4 CITY - ST - ZIP	<b>GULFPORT, FL 33707</b>
TITLE	<b>VT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMDT, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>5950 PELICAN BAY PLAZA UNIT 801</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GULFPORT FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>PD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, WALTER</b>	4.2 NAME	
STREET ADDRESS	<b>5950 PELICAN BAY PLAZA UNIT PH1-A</b>	4.3 STREET ADDRESS	<b>PELICAN BAY PLAZA</b>
CITY - ST - ZIP	<b>GULFPORT FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRSCH, JANE</b>	5.2 NAME	
STREET ADDRESS	<b>5950 PELICAN BAY PLAZA, #603</b>	5.3 STREET ADDRESS	<b>PELICAN BAY PLAZA</b>
CITY - ST - ZIP	<b>GULFPORT FL</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*J. W. Schmiot* **J. W. SCHMIOT**

4/17/95

813/343-3825