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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764086

1. Corporation Name

PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING A, INC.

Principal Place of Business

C/O INFINITI PROPERTY MANAGEMENT, INC.
 1301 SEMINOLE BLVD. STE 110
 LARGO FL 33770
 US

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.
 1301 SEMINOLE BLVD. STE 110
 LARGO FL 33770
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/08/1982

4. FEI Number

59-2235205

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT INC.
 1301 SEMINOLE BLVD.
 STE. 110
 LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
 NAME FORD, MARY
 STREET ADDRESS 5950 PELICAN BAY PLAZA UNIT 504
 CITY-ST-ZIP GULFPORT FL

TITLE D DELETE
 NAME NEITHAMER, RICHARD
 STREET ADDRESS 5950 PELICAN BAY PLAZA UNIT 505
 CITY-ST-ZIP GULFPORT FL

TITLE VT DELETE
 NAME SCHMIDT, JOHN
 STREET ADDRESS 5950 PELICAN BAY PLAZA UNIT 801
 CITY-ST-ZIP GULFPORT FL

TITLE PD DELETE
 NAME DANIELS, WALTER
 STREET ADDRESS 5950 PELICAN BAY PLAZA
 CITY-ST-ZIP GULFPORT FL

TITLE SD DELETE
 NAME KIRSCH, JANE
 STREET ADDRESS 5950 PELICAN BAY PLAZA #603
 CITY-ST-ZIP GULFPORT FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D Change Addition
 1.2 NAME LANG, RONALD
 1.3 STREET ADDRESS 5950 PELICAN BAY PLAZA #305
 1.4 CITY-ST-ZIP GULFPORT, FL 33707

2.1 TITLE V/D Change Addition
 2.2 NAME SUNDEEN, NORMAN
 2.3 STREET ADDRESS 5950 PELICAN BAY PLAZA #905
 2.4 CITY-ST-ZIP GULFPORT, FL 33707

3.1 TITLE T/D Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE S/D Change Addition
 4.2 NAME WOLF, BILL
 4.3 STREET ADDRESS 5950 PELICAN BAY PLAZA #701
 4.4 CITY-ST-ZIP GULFPORT, FL 33707

5.1 TITLE D Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 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)(l), 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, with all other like empowered.

SIGNATURE:

Ronald De Lang
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (727)381-2892
 Date Daytime Phone #

CRZE037 (1/198)