

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90004 017 \*\*\*\*61.25

0064281

**DOCUMENT # 764086**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2235205**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 NAME	PD LANG, RONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5950 PELICAN BAY PLAZA #305	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE NAME	VD SUNDEEN, NORMAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5950 PELICAN BAY PLAZA #905	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE NAME	TD SCHMIDT, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5950 PELICAN BAY PLAZA UNIT 801	
CITY-ST-ZIP	GULFPORT FL	
TITLE NAME	SD WOLF, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	5950 PELICAN BAY PLAZA #701	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE NAME	D KIRSCH, JANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5950 PELICAN BAY PLAZA #603	
CITY-ST-ZIP	GULFPORT FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	V/D BARRIOS, RONALDO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5950 PELICAN BAY PLAZA #202	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE NAME	S/D KAPLAN, SARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5950 PELICAN BAY PLAZA #301	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE NAME	T/D CAULFIELD, INGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5950 PELICAN BAY PLAZA #306	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE NAME	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D WELKER, MARY ANN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5950 PELICAN BAY PLAZA #902	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Wolf

3/26/01

Date

347-0323

Daytime Phone #

CR2E037 (10/00)