

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0043950

DOCUMENT # 764086

1. Entity Name

PELICAN BAY YACHT CLUB CONDOMINIUM, BUILDING A, INC.

04-02-2002 90962 030 ****61.25

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-2235205	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 33770	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VD	NAME BARRIOS, RONALDO	<input checked="" type="checkbox"/> Delete	TITLE V/D	NAME BLASIO, FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5950 PELICAN BAY PLAZA #202	CITY-ST-ZIP GULFPORT FL 33707		STREET ADDRESS 5950 PELICAN BAY PLAZA #805	CITY-ST-ZIP GULFPORT, FL 33707	
TITLE SD	NAME KAPLAN, SARA	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5950 PELICAN BAY PLAZA #301	CITY-ST-ZIP GULFPORT FL 33707		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME CAULFIELD, INGE	<input checked="" type="checkbox"/> Delete	TITLE T/D	NAME PACKER, HAROLD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5950 PELICAN BAY PLAZA #306	CITY-ST-ZIP GULFPORT FL 33707		STREET ADDRESS 5950 PELICAN BAY PLAZA #PH2A	CITY-ST-ZIP GULFPORT, FL 33707	
TITLE PD	NAME WOLF, BILL	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5950 PELICAN BAY PLAZA #701	CITY-ST-ZIP GULFPORT FL 33707		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME WELKER, MARY A	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5950 PELICAN BAY PLAZA # 902	CITY-ST-ZIP GULFPORT FL 33707		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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: WILLIAM WOLF **William Wolf** 3/25/02 (727) 347-0323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)