

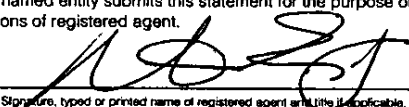



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90117 046 ****61.25

DOCUMENT # 764086					
1. Entity 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 PROPRTY MANAGEMENT, INC. 1301 SEMINOLE BLVD, STE 110 LARGO, FL 33770 US		
2. Principal Place of Business <i>% Resource Property Mgt</i> Suite, Apt. #, etc. 5901 Sun Blvd, Ste 200 City & State St. Petersburg FL Zip 33715 Country Pinellas		3. Mailing Address <i>% Resource Property Mgt</i> Suite, Apt. #, etc. 5901 Sun Blvd, Ste 200 City & State St. Petersburg FL Zip 33715 Country Pinellas			
				04192005 Chg-NP CR2E037 (10/03)	
				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 Norm Englert Street Address (P.O. Box Number is Not Acceptable) C/o Resource Property Management 5901 Sun Blvd, Ste 200 City St. Petersburg FL Zip Code 33715		
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 				DATE 4/27/05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLASIO, FRANK 5950 PELICAN BAY PLAZA #805 GULFPORT, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Horst Brytsche 5950 Pelican Bay Plaza, PHIF Gulfport, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FELIX, J.C. 5950 PELICAN BAY PLAZA #501 GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nick Karamessinis 5950 Pelican Bay Plaza #201-A Gulfport, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACKER, HAROLD 5950 PELICAN BAY PLAZA #FH2A GULFPORT, FL 33707	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACGREGOR, DOUG 5950 PELICAN BAY PLAZA #802 GULFPORT, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAULFIELD, INGE 5950 PELICAN BAY PLAZA #306 GULFPORT, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D Caulfield, Inge 5950 Pelican Bay Plaza #306 Gulfport, FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				DATE 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	