


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90139 012 \*\*\*\*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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**INFINITI PROPERTY MANAGEMENT INC.  
1301 SEMINOLE BLVD.  
STE. 110  
LARGO FL 33770**

4. FEI Number **59-2235205** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BLASIO, FRANK 5950 PELICAN BAY PLAZA #805 GULFPORT FL 33707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KAPLAN, SARA 5950 PELICAN BAY PLAZA #301 GULFPORT FL 33707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PACKER, HAROLD 5950 PELICAN BAY PLAZA #FH2A GULFPORT FL 33707</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WOLF, BILL 5950 PELICAN BAY PLAZA #701 GULFPORT FL 33707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELKER, MARY A 5950 PELICAN BAY PLAZA # 902 GULFPORT FL 33707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D FELIX, J.C. 5950 PELICAN BAY PLAZA #501 GULFPORT, FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D MACGREGOR, DOUG 5950 PELICAN BAY PLAZA #802 GULFPORT, FL 33707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAULFIELD, INGE 5950 PELICAN BAY PLAZA #306 GULFPORT, FL 33707</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: V. Frank Blasio v. Frank Blasio 3/18/03 (727) 343-3665

CR2E037 (10/02)