

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90083 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # G12628

1. Corporation Name
PELICAN LANDING REALTY, INC.

Principal Place of Business

915 EISENHOWER DR
KEY WEST FL 33040

Mailing Address

915 EISENHOWER DR
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1982

4. FEI Number

59-2288312

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~WARING, JOE~~
~~915 EISENHOWER DRIVE~~
~~KEY WEST FL 33040~~

10. Name and Address of New Registered Agent

81 Name KATHLEEN DONOVAN
82 Street Address (P.O. Box Number is Not Acceptable)
915 EISENHOWER DRIVE, Ste #1
83
84 City Key West FL 85 Zip Code 33040

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. Kathleen Donovan
CO-manager

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE S
NAME WEBSTER, WILLIAM
STREET ADDRESS 7 HIGH DR
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE VSD
NAME VAN DUREN, MARSHA
STREET ADDRESS 4500 FILLER COVE RD
CITY-ST-ZIP BIG TORCH KEY FL

TITLE P
NAME LINDLEY, GEORGE
STREET ADDRESS 1401 BEACH BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE TR
NAME GOLDMAN, HOWARD
STREET ADDRESS 16130 VIA MONTEVERDE
CITY-ST-ZIP DELRAY BEACH FL

TITLE TR
NAME LEADER, PAUL
STREET ADDRESS 5979 NW 151 ST #1110
CITY-ST-ZIP MIAMI LAKES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 7 HIGH STREET
1.4 CITY-ST-ZIP 32327

2.1 TITLE VP
2.2 NAME BERNARD DUKE
2.3 STREET ADDRESS 2250 ALLENWOOD ROAD
2.4 CITY-ST-ZIP WALL, NEW JERSEY 07719

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32250

4.1 TITLE TR
4.2 NAME ROBERT O'NEILL
4.3 STREET ADDRESS 1107 KEY PLAZA #288
4.4 CITY-ST-ZIP KEY WEST FL 33040

5.1 TITLE
5.2 NAME ARTHUR WATER STREET
5.3 STREET ADDRESS 14686 EAST AVE.
5.4 CITY-ST-ZIP ALBION NY 14411

6.1 TITLE
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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable. I am attaching this statement with a check, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 1904-257-0290
Date Daytime Phone #

CR2E034 (1/98)