FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10019 (0)

1. Corporation Name

PELICAN POINTE OF SEBASTIAN II CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ELLIOTT MGMT SYSTEMS 1105-12TH ST VERO BCH FL 32960	C/O ELLIOTT MGMT SYSTEMS 1105-12TH ST VERO BCH FL 32960

3. Date Incorporated or Qualified: 06/28/1985
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0021347 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Elliott Merrill Mgmt.	26
22 Suite, Apt. #, etc. 1105-12th Street	27 Suite, Apt. #, etc.
23 City & State Vero Beach, FL	28 City & State
24 Zip 32960 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

RICHARD D. ELLIOTT
ELLIOTT MANAGEMENT SYSTEMS
1105 12TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name: Richard D. Elliott
82 Street Address (P.O. Box Number is Not Acceptable): Elliott Merrill Community Management
83 1105 - 12th Street
84 City: Vero Beach, FL 85 Zip Code: 32960

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.

SIGNATURE: Richard D. Elliott — DATE: 4-5-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	GROSS, ROBERT	1.2 NAME	GROSS, ROBERT	
STREET ADDRESS	5720 MARINA DRIVE	1.3 STREET ADDRESS	5720-1 MARINA DRIVE	
CITY-ST-ZIP	SABASTIAN FL	1.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	V	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	KING, MARTIN	2.2 NAME	KING, MARTIN	
STREET ADDRESS	9660 ESTUARY WAY	2.3 STREET ADDRESS	9660 Estuary Way	
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	VT	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	FERRY, A KENYON	3.2 NAME	Ferry, A. Kenyon	
STREET ADDRESS	5885 MARINA DR	3.3 STREET ADDRESS	5760-3 MARINA DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	DV	4.1 TITLE	VD	☑ Change ☐ Addition
NAME	KENNEDY, RONALD	4.2 NAME	KENNEDY, RONALD	
STREET ADDRESS	9632 RIVERSIDE DRIVE	4.3 STREET ADDRESS	9632-1 Riverside Drive	
CITY-ST-ZIP	SEBASTIN FL	4.4 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	SV	5.1 TITLE	SD	☑ Change ☐ Addition
NAME	BURNS, PHYLLIS	5.2 NAME	BURNS, Phyllis	
STREET ADDRESS	4919 BLACKFORD DR E	5.3 STREET ADDRESS	9615-1 Estuary Way	
CITY-ST-ZIP	SOUTH BEND IN	5.4 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Gross — 4-5-95 — 589-3412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000A961