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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N10019

1. Corporation Name

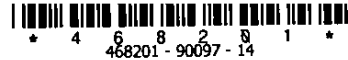
PELICAN POINTE OF SEBASTIAN II CONDOMINIUM ASSOC
IATION, INC.

Principal Place of Business

ELLIOTT MERRILL MGMT
1105-12TH STREET
VERO BEACH FL 32960
US

Mailing Address

C/O ELLIOTT MGMT SYSTEMS
1105-12TH ST
VERO BCH FL 32960



468201 - 90097 - 14



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/28/1985

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

9. Name and Address of Current Registered Agent

ELLIOTT, RICHARD D
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FLAHERTY, THOMAS
STREET ADDRESS 9670-1 ESTUARY WAY
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE VP
NAME EVANS, HOWARD
STREET ADDRESS 9626-1 RIVERSIDE DRIVE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE SD
NAME GIDDISH, RICHARD
STREET ADDRESS 9660-4 ESTUARY WAY
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE TD
NAME SORRENTINO, JOHN
STREET ADDRESS 5765-3 PELICAN POINTE DRIVE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE D
NAME MAXWELL, RAYMOND
STREET ADDRESS 5845-1 MARINA DRIVE
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)