FILE NOW: FILING FEE IS $61.25

FILED
May 01, 1999 8:00 am
Secretary of State
05-01-1999 90097 014 ****61.25

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 ASSOCIATION, INC.

468201 - 90097 - 14

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/28/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0021347 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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: Karen Merrill
82 Street Address (P.O. Box Number is Not Acceptable):
83: Same
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: Karen A Merrill — 4/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLAHERTY, THOMAS		1.2 NAME		
STREET ADDRESS	9670-1 ESTUARY WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, HOWARD		2.2 NAME		
STREET ADDRESS	9626-1 RIVERSIDE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GIDDISH, RICHARD		3.2 NAME		
STREET ADDRESS	9660-4 ESTUARY WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SORRENTINO, JOHN		4.2 NAME		
STREET ADDRESS	5765-3 PELICAN POINTE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, RAYMOND		5.2 NAME		
STREET ADDRESS	5845-1 MARINA DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL 32958		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED — 4/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #