2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10019

1. Entity Name

PELICAN POINTE OF SEBASTIAN II CONDOMINIUM ASSOC

FILED

00 JUL 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DO NOT WRITE IN THIS SPACE

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 32960-3718

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0021347 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERRIL, KAREN ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960	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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FLAHERTY, THOMAS 9670-1 ESTUARY WAY SEBASTIAN FL 32958	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP P EVANS, HOWARD 9626-1 RIVERSIDE DRIVE SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIDDISH, RICHARD 9660-4 ESTUARY WAY SEBASTIAN FL 32958	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Conley, Robert 5645-2 Marina Dr. Sebastian, FL 32958	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SORRENTINO, JOHN 5765-3 PELICAN POINTE DRIVE SEBASTIAN FL 32958	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAXWELL, RAYMOND 5845-1 MARINA DRIVE SEBASTIAN FL 32958	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Keane, Susan 5731-1 Marina Dr. Sebastian, FL 32958	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	04/12/00 90154 046 6.25	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schmitz, Charles 5790-1 Marina Dr. Sebastian, FL 32958	☐ Change ☑ 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: [signature] 3/31/00 561 564 9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #