

FILED
Apr 01, 2005 8:00 am
Secretary of State

DOCUMENT # N10019					
1. Entity Name PELICAN POINTE OF SEBASTIAN II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ELLIOTT MERRILL 835 20TH PL VERO BEACH, FL 32960 US			Mailing Address ELLIOTT MERRILL 835 20TH PL VERO BEACH, FL 32960 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
MERRIL, KAREN ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PL VERO BEACH, FL 32963					Name
					Street Address
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
Filing Fee is \$61.25 Due by May 1, 2005			9: Election Campaign Financing Trust Fund Contribution. ☐		
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete	TITLE	V.	
NAME	CONLEY, ROBERT		NAME		
STREET ADDRESS	5645-2 MARINA DR		STREET ADDRESS	966	
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP	328	
TITLE	VP	☐ Delete	TITLE	TD	
NAME	MARSHALL, FRANK		NAME	51	
STREET ADDRESS	9660-2 ESTMARY WAY		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34958		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	SD	
NAME	KEANE, SUSAN		NAME		
STREET ADDRESS	573-1 MARINA DR		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	DA	
NAME	WHIDDEN, KATHERINE		NAME	57	
STREET ADDRESS	5780-2 MARTHA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	SA	
NAME	FEST, VIRGINIA		NAME		
STREET ADDRESS	5708-3 MARINA DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32758		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.04(1)(b) of the Florida Statutes, and that the information is true and accurate and that my signature shall have the full force and effect of a signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 of the Florida Statutes, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Frank Marshall FRANK MARSHALL, V.P.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					