2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

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1. Entity Name PELICAN POINTE OF SEBASTIAN II CONDOMINIUM ASSOCIATION, INC.



ELLIOTT MERRILL ELLI 835 20TH PL 835				ing Address LIOTT MERRILL 5 20TH PL RO BEACH, FL 32960 US									
2. Principal Place of Business 3. Ma				ailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02032006 Ch	g-NP	CR2E0	37 (11/05)			
City & State				City & State				4. FEI Number 65-002134	7		_ 	plied For ot Applicable	
Zip Country			Zij	ip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	ed Agent			-	7. Name and Address of New Registered Agent					
MERRIL, K	(AREN		_			Name							
ELLIOTT MERRILL COMMUNITY MGMT 835 20TH PL				Street Address			ddress (i	(P.O. Box Number is Not Acceptable)					
VERO BEACH, FL 32963													
				City						FL	Zip Cod		
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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and little 4 applicable. (NOTE: Registered Agent signature required when reinstating)													
					npaign F Contribut	inancing tion.		\$5.00 May Be Added to Fees			k payable to rtment of S		
10.		OFFICERS AND D	IRECTORS		11.			ADDITIONS/CHANGE	S TO OFFICE	RS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5645-2 M	ROBERT ARINA DR AN, FL 32958		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9660-2 ES	LL, FRANK STMARY WAY AN, FL 32958		☐ Defete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	SUSAN ARINA DRIVE AN, FL 32958		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5780-2 M	N, KATHERINE ARTHA DRIVE AN, FL 32958		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5740-2 M	SON, DAVE ARINA DR AN, FL 32958		Delete			DICE ROP 576	ector Bert Car 05-4 Pelu 2BASTIAN	r earl 78	uite 3295	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				-			☐ Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Trank Marshall , VILL Revolut Frank MARSHALL 3/30/2006 772-388-9485