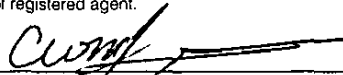
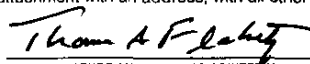


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 014 ****61.25

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 - No P.O. Box #		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 835 20TH PL VERO BEACH, FL 32963			Name Charles McKinnon, Esq Street Address (P.O. Box Number is Not Acceptable) 3055 Cardinal Drive, Ste 302 City Vero Beach FL 32963		
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  DATE 3-12-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONLEY, ROBERT 5645-2 MARINA DR SEBASTIAN, FL 32958 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tom Flaherty ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, FRANK 9660-2 ESTMARY WAY SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marshall, Frank 9660-2 Estmary Way Sebastian, FL 32958 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDAS KEANE, SUSAN 5735-1 MARINA DRIVE SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDAT WHIDDEN, KATHERINE 5780-2 MARTHA DRIVE SEBASTIAN, FL 32958 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY John Sleeman ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP CARR, ROBERT 5765-4 PELICAN POINTE DR SEBASTIAN, FL 32958 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					