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	Mailing Address
ELLIOTT MERRILL 835 20TH PL VERO BEACH, FL 32960 US	ELLIOTT MERRILL 835 20TH PL VERO BEACH, FL 32960 US

01292008 Chg-NP CR2E037 (12/06)

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

MERRIL, KAREN
ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PL
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name: Charles McKinnon, Esq
Street Address (P.O. Box Number is Not Acceptable)
3055 Cardinal Drive, Ste 302
City: Vero Beach FL Zip Code: 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 _____ 3-12-1
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	D Tom Flaherty	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VAS~~ P 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: Thom A Flaherty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #