

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90185 036 ****61.25

DOCUMENT # N10019

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



Principal Place of Business
**ELLIOTT MERRILL MGMT
1105-12TH STREET
VERO BEACH FL 32960
US**

Mailing Address
**C/O ELLIOTT MGMT SYSTEMS
1105-12TH ST
VERO BCH FL 32960**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Elliott Merrill
Suite, Apt. #, etc.
835 20th Pl
City & State
Vero Beach, FL
Zip
32960 Country
IR

3. Mailing Address
C/O Elliott Merrill
Suite, Apt. #, etc.
835 20th Pl
City & State
Vero Beach, FL
Zip
32960 Country
IR

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

**MERRILL, KAREN
ELLIOTT MERRILL COMMUNITY MGMT
1105-12TH STREET 835 20th Pl
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name
Merrill, Karen
Street Address (P.O. Box Number is Not Acceptable)
835 20th Pl
City
Vero Beach, FL Zip Code
32960

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 **Karen L. Merrill**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CONLEY, ROBERT	
STREET ADDRESS	5645-2 MARINA DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VP	☐ Delete
NAME	SORRENTINO, JOHN	
STREET ADDRESS	5765-3 PELICAN POINTE DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	TD	☒ Delete
NAME	KEANE, SUSAN	
STREET ADDRESS	573-1 MARINA DR	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	SD	☐ Delete
NAME	WHIDDEN, KATHERINE	
STREET ADDRESS	5780-2 MARTHA DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	P	☒ Delete
NAME	EVANS, HOWARD	
STREET ADDRESS	9626-1 RIVERSIDE DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	D	☒ Delete
NAME	MAXWELL, RAY	
STREET ADDRESS	5841-1 MARINA DRIVE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☒ Addition
NAME	Frank Marshall	
STREET ADDRESS	9660-2 Riverside Dr Estuary Way	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	OVIRGINIA	
STREET ADDRESS	5700-3 Martha Dr	
CITY-ST-ZIP	Sebastian, FL 32958	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Robert C Conley** **3/5/03** **589-3412**
Signature and typed or printed name of signing officer or director

CR2E037 (10/02)