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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18221 (4)
1. Corporation Name
PELICAN BAY COUNTRY CLUB OF DAYTONA BEACH, INC.



Principal Place of Business Mailing Address
350 PELICAN BAY DRIVE DAYTONA BEACH FL 32119 350 PELICAN BAY DRIVE DAYTONA BEACH FL 32119-1301

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/11/1986		04/24/1996	
22		27		4. FEI Number		Applied For	
City & State		City & State		59-2745507		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		25		29		30	
29		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
OSSINSKY, LOUIS J
SUITE 200
101 CORSAIR DR.
DAYTONA BEACH FL 32119

10. Name and Address of New Registered Agent
81 Name Robert Abraham
82 Street Address (P.O. Box Number is Not Acceptable) 347 S. Ridgewood
83
84 City Daytona Beach FL 85 Zip Code 32114

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute.
SIGNATURE *Robert Abraham* Robert Abraham 3/26/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	ABRAHAM, ROBERT	
STREET ADDRESS	105 SHEARWATER WAY	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	MURRAY, ROBERT	
STREET ADDRESS	120 KILLDEER COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DOETCH, HAROLD	
STREET ADDRESS	149 WOODCOCK COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	S/D	<input type="checkbox"/> DELETE
NAME	O'BRIEN, DANIEL M.	
STREET ADDRESS	221 GULL DRIVE SOUTH	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAY, ROBERT	
STREET ADDRESS	332 BOB WHITE COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADY, JOHN	
STREET ADDRESS	5 SKIMMER CIRCLE	
CITY-ST-ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert N. Anderson	
1.3 STREET ADDRESS	120 Laughing Gull Court	
1.4 CITY-ST-ZIP	Daytona Beach, Fl	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steven W. Mullinger	
2.3 STREET ADDRESS	6101 Sabal Hammock Circle	
2.4 CITY-ST-ZIP	Pt. Orange, Florida 32124	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lawrence Kelly	
3.3 STREET ADDRESS	512 Pelican Bay Drive	
3.4 CITY-ST-ZIP	Daytona Beach, Fl	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	David L. Crocker	
4.3 STREET ADDRESS	609 Pelican Bay Drive	
4.4 CITY-ST-ZIP	Daytona Beach, Fl	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or any other block with an address.

CR2E037 (9/96)