


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N18221 (4)**

1. Corporation Name  
**PELICAN BAY COUNTRY CLUB OF DAYTONA BEACH, INC.**



Principal Place of Business <b>350 PELICAN BAY DRIVE DAYTONA BEACH FL 32119</b>	Mailing Address <b>350 PELICAN BAY DRIVE DAYTONA BEACH FL 32119</b>
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3. Date Incorporated or Qualified <b>12/11/1986</b>
4. FEI Number <b>59-2745507</b>
Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ABRAHAM, ROBERT  
 347 S RIDGEWOOD  
 DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>ABRAHAM, ROBERT</b>	
STREET ADDRESS <b>105 SHEARWATER WAY</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MURRAY, ROBERT</b>	
STREET ADDRESS <b>120 KILLDEER COURT</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ANDERSON, ROBERT N</b>	
STREET ADDRESS <b>120 LAUGHING GULL COURT</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>SD TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>O'BRIEN, DANIEL M.</b>	
STREET ADDRESS <b>221 GULL DRIVE SOUTH</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MULLINGER, STEVEN W</b>	
STREET ADDRESS <b>6101 SABAL HAMMOCK CIR</b>	
CITY-ST-ZIP <b>PORT ORANGE FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRADY, JOHN</b>	
STREET ADDRESS <b>5 SKIMMER CIRCLE</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Joseph Sylvia</b>	
1.3 STREET ADDRESS <b>112 Ibis Court</b>	
1.4 CITY-ST-ZIP <b>Daytona Beach, Fl 32119</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Gordon Jones</b>	
2.3 STREET ADDRESS <b>133 Greenwing Teal Court</b>	
2.4 CITY-ST-ZIP <b>Daytona Beach, Fl 32119</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Philip Ehlinger</b>	
3.3 STREET ADDRESS <b>125 Wood Ibis Court</b>	
3.4 CITY-ST-ZIP <b>Daytona Beach, Fl 32119</b>	
4.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Larry Kelly</b>	
4.3 STREET ADDRESS <b>512 Pelican Bay Drive</b>	
4.4 CITY-ST-ZIP <b>Daytona Beach, Fl 32119</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Robert N. Anderson</b>	
5.3 STREET ADDRESS <b>120 Laughing Gull Court</b>	
5.4 CITY-ST-ZIP <b>Daytona Beach, Fl 32119</b>	
6.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Daniel M. O'Brien</b>	
6.3 STREET ADDRESS <b>221 Gull Drive South</b>	
6.4 CITY-ST-ZIP <b>Daytona Beach, Fl 32119</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address.

SIGNATURE: Robert Abraham **ROBERT ABRAHAM** 4/2/98 (904) 258-1222

CR2E037 (10/97)



# Pelican Bay Country Club

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an IGM Managed Facility

TITLE D  
NAME David L. Crocker  
ADDRESS 609 Pelican Bay Drive  
CITY Daytona Beach, Fl 32119

## DELETE

TITLE D  
NAME Tom McClelland