

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90367 006 \*\*\*\*61.25

<b>DOCUMENT # N18221</b> 1. Entity Name <b>PELICAN BAY COUNTRY CLUB OF DAYTONA BEACH, INC.</b>					
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>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2745507</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ABRAHAM, ROBERT 149 SOUTH RIDGEWOOD AVE, STE 500 DAYTONA BEACH, FL 32114</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VAUGHN, SAMMY 100 MORGANER CIR. DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VB VAUGHN, SAMMY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD EHLINGER, PHILIP 125 WOOD IBIS COURT DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD EHLINGER, PHILIP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MURPHY, PATRICIA 5783 WHITE ACRES LANE PORT ORANGE, FL 32127</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD STANTON, ROBERT 113 GREENWING TEAL COURT DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROCKER, DAVID 609 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEWOLFE, CEIL 513 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEMECK, ROBERT 580 PELICAN BAY DR DAYTONA BEACH, FL 32119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GALLAGHER, LORI 644 BLUE HERON DRIVE DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD O'BRIEN, DANIEL M 221 GULL DR. SO. DAYTONA BEACH, FL 32119</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dd ANTONETTE, DON 127 BLUE HERON DRIVE DAYTONA BEACH, FL 32119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <b>PHILIP C. EHLINGER</b> 4-15-04 386-756-1039					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



Attachment

# Pelican Bay Country Club

14004445  
#N18221

a Meadowbrook Managed Facility

## ADDITIONAL PELICAN BAY COUNTRY CLUB BOARD OF DIRECTORS MEMBERS

TD

LAVIGNA, VINCENT

116 SNOW GOOSE COURT

DAYTONA BEACH, FL 32119

D

SEITHER, ALBERT G.

105 MORNINGDOVE

DAYTONA BEACH, FL 32119

D

FAINI, PAT

276 GULL DRIVE SOUTH

DAYTONA BEACH, FL 32119