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FILED
Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22709** (2)
1. Corporation Name
PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC.



Principal Place of Business 7855 WEST GULF TO LAKE HWY.. SUITE 14 C/O JAMES P. EYSTER CRYSTAL RIVER FL 34429 US	Mailing Address 7855 WEST GULF TO LAKE HWY.. SUITE 14 C/O JAMES P. EYSTER CRYSTAL RIVER FL 34429-7961 US
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3. Date Incorporated or Qualified 09/28/1987	3a. Date of Last Report 02/26/1996
4. FEI Number 59-2956464	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 11032 W. Cove Harbor Drive Suite, Apt. #, etc.	2a. Mailing Address 26 334 NW 3rd Ave. Suite, Apt. #, etc.
City & State 23 Crystal River, FL	City & State 28 Ocala, FL
Zip 24 34428	Country 25 USA
Zip 29 34475	Country 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EYSTER, JAMES P.
7855 WEST GULF TO LAKE HIGHWAY
SUITE 14
CRYSTAL RIVER FL 32829**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	EYSTER, JAMES P.	1.2 NAME	Linda Haynes
STREET ADDRESS	7855 W. GULF TO LAKE HWY	1.3 STREET ADDRESS	11032 W. Cove Harbor Drive
CITY-ST-ZIP	CRYSTAL RIVER FL	1.4 CITY-ST-ZIP	Crystal River, FL 34428
TITLE	D ☒ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	EYSTER, JAMES S.	2.2 NAME	Joe Widak
STREET ADDRESS	7855 W. GULF TO LAKE HWY	2.3 STREET ADDRESS	11020 W. Cove Harbor Drive
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	Crystal River, FL 34428
TITLE	D ☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	EYSTER, JOAN	3.2 NAME	Annie Gray
STREET ADDRESS	7855 W. GULF TO LAKE HWY	3.3 STREET ADDRESS	10934 W. Cove Harbor Dr.
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	Crystal River, FL 34428
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

CR2E037 (9/96)