

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90055 036 \*\*\*\*61.25

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**DOCUMENT # N22709**

1. Corporation Name

**PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC.**

Principal Place of Business

10986 W COVE HARBOR DR BOX 4  
~~C/O JAMES P. EYSTER~~  
CRYSTAL RIVER FL 34428  
US

Mailing Address

10986 W COVE HARBOR DR  
~~C/O JAMES P. EYSTER~~  
CRYSTAL RIVER FL 34428  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/28/1987

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

9. Name and Address of Current Registered Agent

LEANNE HADSELL, CITRUS MGMT SE  
13 DOGWOOD DR  
SUITE 14  
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WIDAK, JOE  
11020 W COVE HARBOR DR  
CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
GRAY, ANNIE  
10934 W COVE HARBOR DR  
CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
ALEXANDER, ED  
11036 W COVE HARBOR DR  
CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COTTRELL, SUSIE  
10922 W COVE HARBOR DR  
CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
LOWN, DENNIS  
11056 W COVE HARBOR DR  
CRYSTAL RIVER FL 34428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*James P. Eyster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary, Inc.*

2/24/99

952-195-4661

Date

Daytime Phone #

CR2E037 (11/98)