2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # N22709 1. Entity Name --25-2004 90066 024 ****61.25 PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC. Mailing Address Principal Place of Business 10986 W COVE HARBOR DR BOX 4 10986 W COVE HARBOR DR BOX 4 ^{5.} 100 最終最終的方式 CRYSTAL RIVER FL 34428 US CRYSTAL RIVER FL 34428 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-2956464 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEANNE HADSELL, CITRUS MGMT SE Street Address (P.O. Box Number is Not Acceptable) 13 DOGWOOD DR SUITE 14 HOMOSASSA FL 34446 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Change ☐ Addition AVELLA, JOE NAME NAME 11024 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34428 CITY-ST-ZIP CITY-ST-ZIP กรา TITLE XXDelete ☐ Change TITLE **□**xAddition Sec & Dir GRAY, ANNIE NAME NAME Sandra Noble 10934 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS 10976 W Cove Harbor Drive Cyrstal River, FL 34428 CRYSTAL RIVER FL 34428 CITY-ST-ZIP CITY-ST-ZIP XXDelete TITLE TITLE Trea & Dir ☐ Change **App**ition ALEXANDER, ED Ken Norfleet 2111N Ladonia Terr NAME NAME 11036 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS **CRYSTAL RIVER FL 34428** Crystal River, FL 34428 CITY-ST-ZIP CITY-ST-ZIP Tom Geronimo TITLE TITLE ☐ Change **K** XDelete **XAM**dition COTTRELL, SUSIE NAME NAME 11032 W Cove Harbor Drive 10922 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS Crystal River, FL 34428 **CRYSTAL RIVER FL 34428** CITY-ST-ZIP CITY-ST-ZIP DVP XX Delete TITLE TITLE ☐ Change ☐ Addition LOWN, DENNIS NAME NAME 11056 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS **CRYSTAL RIVER FL 34428** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DEPAOLA, VINCENT ` NAME NAME 11048 W COVE HARBOR DR STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34428 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEP OF DIRECTOR NEXFLEET EJV67H

FILED