

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90836 006 ****61.25

DOCUMENT # N22709

1. Entity Name

PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL RIVER, INC.



Principal Place of Business

**10986 W COVE HARBOR DR BOX 4
CRYSTAL RIVER FL 34428
US**

Mailing Address

**10986 W COVE HARBOR DR BOX 4
CRYSTAL RIVER FL 34428
US**

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 **59-2956464**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIDAK, JOE 11020 W COVE HARBOR DR CRYSTAL RIVER FL 34428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Joe Avella 11024 W Cove Harbor Dr Crystal River FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRAY, ANNIE 10934 W COVE HARBOR DR CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Vincent DePaola 11048 W Cove Harbor Dr Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV ALEXANDER, ED 11036 W COVE HARBOR DR CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sandra Noble 10976 W Cove Harbor Dr Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTRELL, SUSIE 10922 W COVE HARBOR DR CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Ken Norfleet 2111 N Ladonia Terr Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOWN, DENNIS 11056 W COVE HARBOR DR CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Geronimo 11032 W Cove Harbor Dr Crystal River, FL 34428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 another like empowered.

SIGNATURE:

Joe Avella - Pres.

2-503

CR2E037 (10/02)