


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N44398 (8)**  
1. Corporation Name  
**PELICAN COVE II CONDOMINIUM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>7655 WEST GULF OF LAKE HIGHWAY<br/>SUITE 14<br/>CRYSTAL RIVER FL 34429<br/>US</b> | Mailing Address<br><b>7655 WEST GULF OF LAKE HIGHWAY<br/>SUITE 14<br/>CRYSTAL RIVER FL 34429-7661<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/23/1991</b> | 3a. Date of Last Report<br><b>02/26/1996</b> |
|--|--|

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 2. Principal Place of Business<br><b>21</b>     | 2a. Mailing Address<br><b>26</b> | 4. FEI Number<br><b>59-3084514</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Suite, Apt #, etc.<br><b>22</b>                 | Suite, Apt #, etc.<br><b>27</b>  | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>                  |
| City & State<br><b>23</b>                       | City & State<br><b>28</b>        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>                     |
| Zip<br><b>24</b>                                | Country<br><b>25</b>             | Zip<br><b>29</b>  | Country<br><b>30</b>                                   |
| 9. Name and Address of Current Registered Agent |                                  | 10. Name and Address of New Registered Agent                                    |  |

|  |  |
|--|--|
| <b>EYSTER, JAMES P.<br/>7655 WEST GULF OF LAKE HIGHWAY<br/>SUITE 14<br/>CRYSTAL RIVER FL 34429</b> | <b>61</b> Name   |
|  | <b>62</b> Street Address (P.O. Box Number is Not Acceptable) |
|  | <b>63</b>  |
|  | <b>64</b> City <b>FL</b> <b>65</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                       |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| TITLE<br><b>PD</b>                               | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>EYSTER, JAMES P.</b>                  |                                 | 1.2 NAME  |   |
| STREET ADDRESS<br><b>7655 W GULF OF LAKE HWY</b> |                                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>CRYSTAL RIVER FL</b>           |                                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>VD</b>                               | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>EYSTER, JAMES S.</b>                  |                                 | 2.2 NAME  |   |
| STREET ADDRESS<br><b>7655 W GULF OF LAKE HWY</b> |                                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>CRYSTAL RIVER FL</b>           |                                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE<br><b>STD</b>                              | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>EYSTER, JOAN</b>                      |                                 | 3.2 NAME  |   |
| STREET ADDRESS<br><b>7655 W GULF OF LAKE HWY</b> |                                 | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP<br><b>CRYSTAL RIVER FL</b>           |                                 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 4.2 NAME  |   |
| STREET ADDRESS                                   |                                 | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                      |                                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | 5.2 NAME  |   |
| STREET ADDRESS                                   |                                 | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                                      |                                 | 5.4 CITY-ST-ZIP                                       |   |
| TITLE  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: James P. Eyster, PD **4/15/97** **352-795-6986**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065035

CR2E037 (9/96)