

2001 UNIFORM BUSINESS REPORT (UBR).

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90267 016 ****61.25

DOCUMENT # N44398

1. Entity Name

PELICAN COVE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

10986 W. COVE HARBOR DRIVE
 CRYSTAL RIVER FL 34428
 US

Mailing Address

11294 W. COVE HARBOR DRIVE
 CRYSTAL RIVER FL 34428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3084514

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

FLYNN, MARTIN C
 11294 W. COVE HARBOR DRIVE
 CRYSTAL RIVER FL 34428

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, PAUL A	NAME	
STREET ADDRESS	11064 W. COVE HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTE, JOSEPH B	NAME	
STREET ADDRESS	11164 W. COVE HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MARTIN C	NAME	
STREET ADDRESS	11294 W. COVE HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD SACKER	NAME	
STREET ADDRESS	11284 W. COVE HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE FURR	NAME	
STREET ADDRESS	11206 W. COVE HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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: _____

Martin C Flynn, Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352/795-3631

CR2E037 (10/00)