


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90044 046 \*\*\*\*61.25

<b>DOCUMENT # N44398</b> 1. Entity Name <b>PELICAN COVE II CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business 10986 W. COVE HARBOR DRIVE CRYSTAL RIVER, FL 34428 US	Mailing Address 3814 N APALACHEE PT. CRYSTAL RIVER, FL 34428 US
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3084514</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SWEETY, JOAN S</b> <b>3814 N APALACHEE PT</b> <b>CRYSTAL RIVER, FL 34428</b>	7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City <div style="text-align: right;"> <span style="font-size: 1.2em; font-weight: bold;">FL</span>    Zip Code                 </div>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete HASTE, JOSEPH B 11064 W. COVE HARBOR DRIVE CRYSTAL RIVER, FL 34428
TITLE	D <input type="checkbox"/> Delete EISERMAN, BOB 11160 W COVE HARBOR DR. CRYSTAL RIVER, FL 34428
TITLE	P <input type="checkbox"/> Delete MCINTYRE, WM 11186 W COVE HARBOR DR CRYSTAL RIVER, FL 34428
TITLE	D <input type="checkbox"/> Delete DE MATTEIS, DON 11144 W COVE HARBOR DR. CRYSTAL RIVER, FL 34428
TITLE	STD <input type="checkbox"/> Delete EMERSON, TINA 11154 W COVE HARBOR DR. CRYSTAL RIVER, FL 34428
TITLE	VP <input type="checkbox"/> Delete RONAN, PATRICK 11106 W COVE HARBOR DR CRYSTAL RIVER, FL 34428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P/D <input checked="" 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 reports 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:** H. DONALD DEMATTEIS 1-11-05 352-795-6093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #