


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90030 030 ****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 3814 N APALACHEE PT. 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWEETY, JOAN S 3814 N APALACHEE PT 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	EISERMAN, BOB		NAME	DAUTEL, JEFFREY	
STREET ADDRESS	11160 W COVE HARBOR DR.		STREET ADDRESS	11122 W. COVE HARBOR DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	MCINTYRE, WM		NAME		
STREET ADDRESS	11186 W COVE HARBOR DR		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"/> Ad
NAME	DE MATTEIS, DON		NAME		
STREET ADDRESS	11144 W COVE HARBOR DR.		STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
NAME	EMERSON, TINA		NAME	MAINSTER, RICHARD	
STREET ADDRESS	11154 W COVE HARBOR DR.		STREET ADDRESS	11086 W. COVE HARBOR DR.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	RONAN, PATRICK		NAME		
STREET ADDRESS	11106 W COVE HARBOR DR		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"/> Ad
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 exemptions contained in Chapter 119, 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, as applicable, of this report or supplemental report, with all other like empowered.

Patrick Ronan
PATRICK RONAN, PRES.

1/21/06