


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 046 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 25 E. Silver Springs Blvd
 Suite, Apt. #, etc.
 City & State
 Ocala, FL
 Zip Country
 34470 US

40009926



01192007 Chg-NP CR2E037 (12/06)

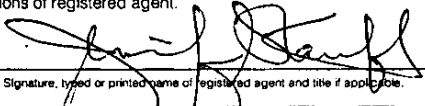
4. FEI Number
 59-3084514 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SWEETY, JOAN S
 3814 N APALACHEE PT
 CRYSTAL RIVER, FL 34428

7. Name and Address of New Registered Agent
 Name: Stauff, Jennifer
 Street Address (P.O. Box Number is Not Acceptable): 25 E. Silver Springs Blvd
 City: Ocala FL Zip Code: 34470

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:  DATE: 1/22/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

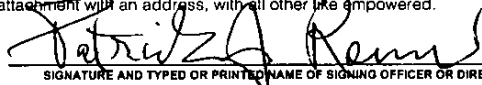
Filing Fee is \$61.25 Due by May 1, 2007

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	D DAUTEL, JEFFREY 11122 W COVE HARBOR DR CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Bugas, Patricia 11294 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 MCINTYRE, WM 11186 W COVE HARBOR DR CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Bramlett, Candace 600 S.W. 44th Ave Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE MATTEIS, DON 11144 W COVE HARBOR DR. CRYSTAL RIVER, FL 34428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAINSTER, RICHARD 11086 W COVE HARBOR DR CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RONAN, PATRICK 11106 W COVE HARBOR DR CRYSTAL RIVER, FL 34428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATRICK J. RONAN 11106 W. Cove Harbor Dr. Crystal River, FL 34428 <input type="checkbox"/> Change <input 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 2/2/07 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR