


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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 25 E. Silver Springs Blvd Suite, Apt. #, etc.
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City & State Ocala, FL	City & State Ocala, FL
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Zip 34470	Country US
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40009926



01192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3084514	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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: 	DATE: 1/22/07
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**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**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	VPD Bugos, Patricia 11244 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
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