

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90062 009 \*\*\*\*61.25

**DOCUMENT # N48201**

1. Entity Name  
**PELICAN POINTE OF SEBASTIAN V CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**% KEYSTONE PROPERTY MANAGEMENT GROUP  
1717 20TH STREET STE 102  
VERO BEACH, FL 32960**

Mailing Address  
**% KEYSTONE PROPERTY MANAGEMENT GROUP  
1717 20TH STREET STE 102  
VERO BEACH, FL 32960**

**50062742**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0326641**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MILLER, WILLIAM R  
% KEYSTONE PROPERTY MANAGEMENT GROUP, INC.  
1717 20TH STREET STE 102  
VERO BEACH, FL 32960**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

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

TITLE PD  
NAME KERWIN, KATHRYN ☒ Delete  
STREET ADDRESS 9639-3 RIVERSIDE DR  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE VPD  
NAME LAMLEY, GREG ☐ Delete  
STREET ADDRESS 9633-4 RIVERSIDE DR  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE TD  
NAME FAKELMAN, ROBERT ☒ Delete  
STREET ADDRESS 9639 RIVERSIDE DR., #2  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ATD  
NAME KENNEDY, JOSEPH ☐ Delete  
STREET ADDRESS 9635 RIVERSIDE DRIVE  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE ASD  
NAME FREEZE, DIANE ☒ Delete  
STREET ADDRESS 9641-3 RIVERSIDE DR  
CITY-ST-ZIP SEBASTIAN, FL 32958

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Anthony Medeiros ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9635-2 Riverside Dr  
CITY-ST-ZIP SEBASTIAN FL. 32958

TITLE Joyce Woods ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9639-3 Riverside Dr  
CITY-ST-ZIP SEBASTIAN FL. 32958

TITLE Drake Daniels ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 9633-3 Riverside Dr  
CITY-ST-ZIP SEBASTIAN FL. 32958

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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:**

*Joseph Kennedy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/19/05*

*772-569-792*