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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001607 (9)**

1. Corporation Name

PELICAN CAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-8908

3. Date Incorporated or Qualified: 04/05/1995
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21: C/O PINES PROPERTY MGT
Suite, Apt. #, etc. 22: 17340 PINES BLVD
City & State 23: PEMBROKE PINES FL
Zip 24: 33029 Country 25: USA

2a. Mailing Address
26: C/O PINES PROPERTY MGT
Suite, Apt. #, etc. 27: PO BOX 820100
City & State 28: SO. FLORIDA FL
Zip 29: 33082 Country 30: USA

4. FEI Number: 65-0631794 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~GRANT, MARK~~
~~RUDEN, MCCLOSKY~~
~~200 E BROWARD BLVD.~~
~~FT LAUDERDALE FL 33302~~

10. Name and Address of New Registered Agent

81 Name: C/O PINES PROPERTY MGT
82 Street Address (P.O. Box Number is Not Acceptable): EVANS JR, THOMAS R
83: 17340 PINES BLVD
84 City: PEMBROKE PINES FL 85 Zip Code: 33029

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] THOMAS E EVANS JR 4/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	DP	■ Change ☐ Addition
NAME	~~DEPLAZA, MARCIE~~		1.2 NAME	CASTRO RICK	
STREET ADDRESS	~~1401 UNIVERSITY DR. SUITE 200~~		1.3 STREET ADDRESS	18206 SW 26 CT	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071~~		1.4 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	~~VD~~	☒ DELETE	2.1 TITLE	DST	■ Change ☐ Addition
NAME	~~FANT, ALAN~~		2.2 NAME	MCCORMICK	
STREET ADDRESS	~~1401 UNIVERSITY DR. SUITE 200~~		2.3 STREET ADDRESS	18161 SW 25 ST	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071~~		2.4 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	~~STD~~	☒ DELETE	3.1 TITLE	D	■ Change ☐ Addition
NAME	~~NORWALK, RICHARD~~		3.2 NAME	DEPLAZA MARCIE	
STREET ADDRESS	~~1401 UNIVERSITY DR. SUITE 200~~		3.3 STREET ADDRESS	1401 UNIVERSITY DR #200	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071~~		3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block ~~13~~ if changed, or on an attachment with an address.

SIGNATURE: [signature] PRESIDENT 5/2/97 438-6570 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026035