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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005843

1. Corporation Name

PELICAN WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2020 CLUBHOUSE DR. SUN CITY CENTER FL 33523	2020 CLUBHOUSE DR. SUN CITY CENTER FL 33523

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/13/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3550358 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BEYER, R. C. JR
2020 CLUBHOUSE DR.
SUN CITY CENTER FL 33523

10. Name and Address of New Registered Agent

81 Name: ROBERT E. GREENE
82 Street Address (P.O. Box Number is Not Acceptable): C/O FLORIDA LIFESTYLE MANAGEMENT
83: 1904 CLUBHOUSE DRIVE
84 City: SUN CITY CENTER FL 85 Zip Code: 33573

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 _____ 4-13-99
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		☐ Change ☐ Addition
NAME	BEYER, R.C. JR		1.2 NAME		
STREET ADDRESS	2020 CLUBHOUSE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33523		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	REKOW, DAVE		2.2 NAME	ALLTON, PAULA	
STREET ADDRESS	3150 MATECUMBE KEY RD.		2.3 STREET ADDRESS	4079 CAPE COLE BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33955		2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCKLER, JACKIE		3.2 NAME		
STREET ADDRESS	2020 CLUBHOUSE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33523		3.4 CITY-ST-ZIP		
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: D SIGNATURE REQUIRED Paula Allton 3-30-99 941-639-1804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #