

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V08383

1. Corporation Name

PELICAN POINT HARBOR, INC.

Principal Place of Business

385 HWY 98 E  
SUITE 60  
DESTIN FL 32541

Mailing Address

385 HWY 98 E  
SUITE 60  
DESTIN FL 32541

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90047 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1992

4. FEI Number

59-3110937

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

MITCHELL W. LEGLER  
ONE INDEPENDENT DR  
SUITE 3104  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

MITCHELL W. LEGLER

82 Street Address (P.O. Box Number is Not Acceptable)

300A Wharfside Way

83

84 City

Jacksonville

FL

85 Zip Code

32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mitchell W. Legler

3/3/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS BOS, PETER H  
CITY-ST-ZIP 385 HWY 98 E, STE 60  
DESTIN FL 32541

TITLE ☐ DELETE  
NAME TV  
STREET ADDRESS CLAUSON, GREG D  
CITY-ST-ZIP 385 HWY 98 E, STE 60  
DESTIN FL 32541

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS PARKER, WENDY  
CITY-ST-ZIP 385 HWY. 98 E.  
DESTIN FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS LORENZEN, DWIGHT C  
CITY-ST-ZIP 385 HWY 98 E, STE 60  
DESTIN FL 32541

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS BURKE, GAIL  
CITY-ST-ZIP 385 HWY 98 E, STE 60  
DESTIN FL 32541

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/T ☐ Change ☒ Addition  
1.2 NAME BUSFIELD, DAVID A.  
1.3 STREET ADDRESS 385 Hwy 98E, Ste 60  
1.4 CITY-ST-ZIP Destin, FL 32541

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME CLAUSON, GREG  
2.3 STREET ADDRESS 385 Hwy 98E, Ste 60  
2.4 CITY-ST-ZIP Destin, FL 32541

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

4/9/99

850-654-6500

Date

Daytime Phone #

CR2E034 (1/98)