| BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.<br>4 SOUTHEAST BROADWAY STREET<br>OCALA, FL 34471 US                                       |                      |
|--|----------------------|
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the | he State of Florida. |
| SIGNATURE: LAUREN MERRIAM, ESQ   | 04                   |
| Electronic Signature of Registered Agent   |                      |

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PELICAN COVE II CONDOMINIUM ASSOCIATION, INC.

## **Officer/Director Detail :**

DOCUMENT# N44398

11114 W. COVE HARBOR DRIVE CRYSTAL RIVER. FL 34428

**Current Mailing Address:** 

FEI Number: 59-3084514

11114 W. COVE HARBOR DRIVE CRYSTAL RIVER. FL 34428 US

Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

| Title           | PD                       | Title           | D                        |
|-----------------|--------------------------|-----------------|--------------------------|
| Name            | MCINTYRE, WILLIAM        | Name            | CHRISTENSEN, CINDY LEE   |
| Address         | 11268 W. COVE HARBOR DR. | Address         | 11206 W. COVE HARBOR DR. |
| City-State-Zip: | CRYSTAL RIVER FL 34428   | City-State-Zip: | CRYSTAL RIVER FL 34428   |
| Title           | VPTD                     | Title           | SD                       |
| Name            | DEMATTEIS, DON           | Name            | MCINTYRE, HELEN          |
| Address         | 11186 W COVE HARBOR DR.  | Address         | 11268 W. COVE HARBOR DR. |
| City-State-Zip: | CRYSTAL RIVER FL 34428   | City-State-Zip: | CRYSTAL RIVER FL 34428   |
| Title           | D                        |                 |                          |
| Name            | BRAMLETT, CANDICE        |                 |                          |
| Address         | 11102 W COVE HARBOR DR   |                 |                          |
| City-State-Zip: | CRYSTAL RIVER FL 34428   |                 |                          |
|                 |                          |                 |                          |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: HELEN MCINTYRE

Electronic Signature of Signing Officer/Director Detail

## Certificate of Status Desired: No

04/27/2016 Date

04/27/2016

Date