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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 748542 (8)

1. Corporation Name

PINK SHELL BEACH CLUB I CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

326 ESTERO BLVD.
FT. MYERS BEACH FL 33901

12995 CLEVELAND AVENUE
SUITE #164
FORT MYERS FL 33907-3875
US

3. Date Incorporated or Qualified
08/16/1979

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RDI RESORT SERVICES
SAGE, DONNA
12995 CLEVELAND AVENUE
FORT MYERS FL 33907

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 VP
NAME DELAHANTY, HOWARD
STREET ADDRESS 228 SOUTH OCEAN SHORES DRIVE
CITY-ST-ZIP KEY LARGO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME PARKER, LLOYD
STREET ADDRESS 2195 HYDE DRIVE
CITY-ST-ZIP GREENVILLE NC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST
NAME COLLIER, ANN S.
STREET ADDRESS 3388 E. RIVERSIDE DR.
CITY-ST-ZIP FORT MYERS FL

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

TITLE P
NAME TUFTS, DONALD
STREET ADDRESS 690 WEST 74TH PLACE
CITY-ST-ZIP HIALEAH FL

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

TITLE D
NAME YOUNG, MARY
STREET ADDRESS 4430-A WESTCHESTER DRIVE NE
CITY-ST-ZIP CEDER RAPIDS IA

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Donald M. Tufts* *Donald Tufts* 2/25/97 305/754-3255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055244

CR2E037 (9/96)