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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **748542**

1. Corporation Name

PINK SHELL BEACH CLUB I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
326 ESTERO BLVD. FT. MYERS BEACH FL 33931	12995 CLEVELAND AVENUE SUITE #164 FORT MYERS FL 33907 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/16/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2057005 ☐ 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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELAHANTY, HOWARD		1.2 NAME		
STREET ADDRESS	228 SOUTH OCEAN SHORES DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	STD	☒ Change ☐ Addition
NAME	PARKER, LLOYD		2.2 NAME		
STREET ADDRESS	2195 HYDE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE NC 27858		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLIER, ANN S.		3.2 NAME	Richard DeQuattro	
STREET ADDRESS	3388 E. RIVERSIDE DR.		3.3 STREET ADDRESS	9825 SW 126th Terrace	
CITY-ST-ZIP	FORT MYERS FL 33916		3.4 CITY-ST-ZIP	Miami, FL 33176	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TUFTS, DONALD		4.2 NAME		
STREET ADDRESS	690 WEST 74TH PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, MARY		5.2 NAME		
STREET ADDRESS	4430-A WESTCHESTER DRIVE NE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CEDER RAPIDS IA 52402		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: SIGNATURE REQUIRED 1/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #