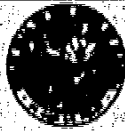


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N42687 (6)**

1. Corporation Name

**OAK LAKE SANCTUARY AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**849 7TH AVE SO. #200 NAPLES FL 33940 US**

3. Date Incorporated or Qualified **03/26/1991** 3a. Date of Last Report **04/06/1994**

4. FEI Number **65-0172298** Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SALVATORI, LEO J.  
4501 N. TAMMAM TRAIL  
SUITE 300  
NAPLES FL 33940-3060**

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 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

*[Handwritten Signature]*

(NOTE: Registered Agent signature required when manufacturing)

DATE

**4/19/95**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>DP</b>
NAME	<b>WINFIELD, CLAY O.</b>
STREET ADDRESS	<b>849 7TH AVE SO, #200</b>
CITY- ST- ZIP	<b>NAPLES FL</b>
TITLE	<b>DV</b>
NAME	<b>WINFIELD, JOHN R.</b>
STREET ADDRESS	<b>849 7TH AVE SO. #200</b>
CITY- ST- ZIP	<b>NAPLES FL</b>
TITLE	<b>DST</b>
NAME	<b>LUCAS, RANDY</b>
STREET ADDRESS	<b>849 7TH AVE SO, #200</b>
CITY- ST- ZIP	<b>NAPLES FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

*[Handwritten Signature]* **CLAY O. WINFIELD**

**2/24/95 812-261-3302**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

KeyState Phone #