## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Secretary of State

Jun 17 1996 8:00 am

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N42687

(6)

OAK LAKE SANCTUARY AT PELICAN BAY CONDOMINIUM AS SOCIATION, INC.

Mailing Address Principal Place of Business 849 7TH AVE SO 849 7TH AVE SO. #200 NAPLES FL 33940 NAPLES FL 33940 3a. Date of Last Report 3. Date incorporated or Qualified US US 04/26/1995 03/26/1991 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0172298 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State  $\Box$ Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıρ Zip Country ☐ Yes ☐ No. 30 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **A1** Name Street Address (P.O. Box Number is Not Acceptable) SALVATORI, LEO J. **B2** 4501 N. TAMIAMI TRAIL 83 SUITE 300 Zip Code NAPLES FL 33940-3060 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typied or printeo name of registered agent and title if apolicable CR2E037 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change Addition DELETE 1.1 TITLE DP TITLE 1.2 NAME WINFIELD, CLAY O. NAME 849 7TH AVE SO, #200 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE D٧ TITLE WINFIELD, JOHN R. 22 NAME NAME 2 3 STREET ADDRESS 849 7TH AVE SO. #200 STREET ADDRESS NAPLES FL 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DST DELETE 3.1 TIFLE TITLE LUCAS, RANDY 3.2 NAME NAME 849 7TH AVE SO, #200 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREÉT ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 00000185454**9**® -06/18/96--01010--056 Addition DELETE 61 TITLE TITLE 6.2 NAME NAME \*\*\*61.25 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURES

FFICER OR DIRECTOR

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officed 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 chapted, or on an attachment with an address. 941-211-3302 Dayline Promi \*