FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N42687

(6)

OAK LAKE SANCTUARY AT PELICAN BAY CONDOMINIUM AS SOCIATION, INC.				
Principal Place of Business Mailing Address				1 SODINYOL OLI BIALO 196KA DELDE YEVIN INDI DEGLI BERNI
849 7TH AVE SO. 849 7TH AVE SO				3. Date Incorporated or Qualified
#200 #200 #200 NAPLES FL 33940 NAPLES FL 34940 NAPLES FL 3		#200 Naples FL 33940		03/26/1991
US	7970	US		4. FEI Number Applied For
				65-0172298 Not Applicable
21	lace of Business	2e. Mailing Address 26		Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Stat	Δ	City & State		Trust Fund Contribution Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	29 3	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
81 Name /2			ROGER ICRAMER + ASSOC.	
SALVATORI, LEO J.			82 Street	Address (P.O. Box Number is Not Acceptable)
4501 N. TAMIAMI TRAIL L SUITE 300			83	SE CARE CARE GOOV
NIADI EC EL ponan onon				
			84 City	VAPLES FL 85 Zp.Code 7
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				
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 617.0509 Florida Statutes.				
SIGNATURE .	T.E. CEATI		al	AGRA 5/2/98
12.	Signature, typed or printed name of registered as	gent and title if applicable. (RGTE: I	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE	Change Addition
NAME	WINFIELD, CLAY O.	~	1.2 NAME	GERNIO DE CROCE
STREET ADDRESS	849 7TH AVE SO, #200		1.3 STREET ADDRESS	663 TUTE COUT
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	MAPLES RL. SYIOK
TITLE	DV	DELETE	2.1 TITLE	Change Addition
NAME	WINFIELD, JOHN R.		2.2 NAME	Roy L. HULL
STREET ADDRESS	849 7TH AVE SO. #200		2.3 STREET ADDRESS	847 TELTICE COURT
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	NAALES EL SYIDS
TITLE	DST	DELETE	3.1 TITLE	Change M Addition
NAME	LUCAS, RANDY		3.2 NAME	GRNIE ZURCHER
STREET ADDRESS	849 7TH AVE SO, #200		3.3 STREET ADDRESS	\$74 Tustle Court
CITY-ST-ZIP	NAPLES FL	T britze	3.4. CITY-ST-ZIP	574 TUNTLE COUNT
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELET E	4.4 City-St-Zip 5.1 Title	☐ Change ☐ Addition
NAME		bretie	5.2 NAME	Change Madellon
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS		:	6.3 STREET ADDRESS	
			_	

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

2/2/94 592-157

FILED

Mar 16 1998 8:00am

Secretary of State