

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000005107 (7)

1. Corporation Name

THE RESERVE AT PELICAN LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

24400 RESERVE COURT
BONITA SPRINGS FL 33923

Mailing Address

24400 RESERVE COURT
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified
10/17/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1044 Castello Drive**

26 **1044 Castello Drive**

4. FEI Number
65-0547563

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #206**

27 **Suite #206**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Naples, Florida**

28 **Naples, Florida**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33940**

25

29 **33940**

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, ALAN S
24400 RESERVE COURT
BONITA SPRINGS FL 33923**

81 Name
Southwest Property Management

82 Street Address (P.O. Box Number is Not Acceptable)
1044 Castello Drive

83 **Suite #206**

84 City
Naples

FL

85 Zip Code
33940

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

Stephen E Williams **STEPHEN E Williams**

4/3/96
DATE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERZIN, RUSSEL F	
STREET ADDRESS	24400 RESERVE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOSTER, ALAN S JR	
STREET ADDRESS	24400 RESERVE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TIMMERMAN, KAYE	
STREET ADDRESS	24400 RESERVE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	24651 Canary Island Court
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	24651 Canary Island Court
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STD Clifford Orbaker
3.3 STREET ADDRESS	24480 Reserve Ct. #131
3.4 CITY-ST-ZIP	Bonita Springs, Florida
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan S Foster

4-3-96

941-261-3440

Date

Daytime Phone #

CR2E037 (12/95)