

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005107 (7)
 1. Corporation Name
THE RESERVE AT PELICAN LANDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US		1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
	Country	30	Country
	34103		34103

3. Date Incorporated or Qualified
10/17/1994

4. FEI Number
65-0547563

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE SUITE 206
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL 34103

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) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERZIN, RUSSEL F	
STREET ADDRESS	24651 CANARY ISLAND COURT	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, ALAN S JR	
STREET ADDRESS	24651 CANARY ISLAND COURT	
CITY - ST - ZIP	BONITA SPRINGS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ORBAKER, CLIFFORD	
STREET ADDRESS	24480 RESERVE CT #131	
CITY - ST - ZIP	BONITA SPRINGS FL	
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	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Benson, Bennard	
1.3 STREET ADDRESS	24410 Reserve Court J-202	
1.4 CITY - ST - ZIP	Bonita Springs, FL	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Greet, Don	
2.3 STREET ADDRESS	24410 Reserve Court J-203	
2.4 CITY - ST - ZIP	Bonita Springs, FL 34134	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mahr, Robert	
3.3 STREET ADDRESS	24410 Reserve Court J-201	
3.4 CITY - ST - ZIP	Bonita Springs, FL 34134	
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 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.

SIGNATURE: _____

CR2E037 (10/97)