


**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90139 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005107**  
 1. Corporation Name  
**THE RESERVE AT PELICAN LANDING CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 1044 CASTELLO DRIVE SUITE 208 NAPLES FL 34103 US	Mailing Address 1044 CASTELLO DRIVE SUITE 208 NAPLES FL 34103 US
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21. Suite, Apt. #, etc.	25. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/17/1994
22. City & State	27. City & State	4. FEI Number 65-0547563
23. Zip	29. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent  
**SOUTHWEST PROPERTY MANAGEMENT  
 1044 CASTELLO DRIVE SUITE 208  
 NAPLES FL 34103**

16. 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

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, BENNARD	1.2 NAME	
STREET ADDRESS	24410 RESERVE COURT J-102	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREET, DON	2.2 NAME	Beaujeard, Joseph
STREET ADDRESS	24410 RESERVE COURT J-893	2.3 STREET ADDRESS	24400 Reserve Ct - JK - 202
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHR, ROBERT	3.2 NAME	
STREET ADDRESS	24410 RESERVE COURT J-201	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED  
Signature typed or printed name of signing officer or director

CR2E037 (4-1-98)