

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90047 017 \*\*\*\*61.25

**DOCUMENT # N94000005107**

1. Entity Name

**THE RESERVE AT PELICAN LANDING CONDOMINIUM ASSOC**

Principal Place of Business

Mailing Address

1044 CASTELLO DRIVE  
 SUITE 206  
 NAPLES FL 34103  
 US

1044 CASTELLO DRIVE  
 SUITE 206  
 NAPLES FL 34103-1900  
 US

00070470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0547563

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT**  
**1044 CASTELLO DRIVE SUITE 206**  
**NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD**  Delete  
 NAME **BENSON, BENNARD**  
 STREET ADDRESS **24410 RESERVE COURT J-102**  
 CITY-ST-ZIP **BONITA SPRINGS FL**

TITLE **P/D**  Change  Addition  
 NAME **Leister, Terry**  
 STREET ADDRESS **24470 Reserve Court #201**  
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **SD**  Delete  
 NAME **BRAURGARD, JOSEPH**  
 STREET ADDRESS **24400 RESERVE CT. #202**  
 CITY-ST-ZIP **BONITA SPRINGS FL-34134**

TITLE **V/D**  Change  Addition  
 NAME **Connolly, Janet**  
 STREET ADDRESS **24400 Reserve Court #103**  
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **PD**  Delete  
 NAME **MAHR, ROBERT**  
 STREET ADDRESS **24410 RESERVE COURT J-201**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **S/D**  Change  Addition  
 NAME **ORbaker, Suzanne**  
 STREET ADDRESS **24480 Reserve Court #101**  
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T/D**  Change  Addition  
 NAME **Woods, Ward**  
 STREET ADDRESS **24440 Reserve Court #102**  
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Novak, Gail**  
 STREET ADDRESS **24451 Reserve Court #101**  
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bennard Benson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

Date

Daytime Phone #

CR2E037 (9/99)