

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90139 036 \*\*\*\*70.00

**DOCUMENT #** N95000005526 (7)

1. Corporation Name

CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
c/o WOODWARD, PIRES & c/o WOODWARD, PIRES &  
LOMBARDO, P.A. LOMBARDO, P.A.  
SUITE 710 SUITE 710  
801 LAUREL OAK DRIVE 801 LAUREL OAK DRIVE  
NAPLES, FL 34108 NAPLES, FL 34108

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0678492

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODWARD, MARK J., ESQ.  
WOODWARD, PIRES & LOMBARDO, P.A.  
801 LAUREL OAK DR., SUITE 710  
NAPLES, FL 34108

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> DELETE
NAME	DINARDO, ANTHONY
STREET ADDRESS	4001 TAMiami TR. N., STE. 350
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	DV <input type="checkbox"/> DELETE
NAME	RIEGELHAUPT, RHEA
STREET ADDRESS	4001 TAMiami TR. N., STE. 350
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D <input type="checkbox"/> DELETE
NAME	PARISI, JOSEPH L.
STREET ADDRESS	4001 TAMiami TR. N., STE. 350
CITY-ST-ZIP	NAPLES, FL 34103
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/99

Date

941 434 2030

Daytime Phone #

Anthony DiNardo

CR2E037 (11/98)