

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005159 (6)**  
 1. Corporation Name  
**RAVENNA AT PELICAN MARSH I CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business <b>PELICAN MARSH BOULEVARD          NAPLES FL 33963</b>	Mailing Address <b>2786 W CROWN POINTE BLVD          NAPLES FL 34112</b>
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3. Date Incorporated or Qualified <b>10/08/1996</b>
4. FEI Number <b>59-3405189</b>
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6732 LONG OAK BLVD.</b>
22 City & State 23 Zip	27 City & State 28 <b>NAPLES FL.</b> 29 Zip 30 <b>34109</b>
24 Country	25 Country 30 <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROGER KRAMER AND ASSOCIATES  
 2786 W CROWN POINTE BLVD  
 NAPLES FL 34112**

10. Name and Address of New Registered Agent  
 81 Name **KRAMER - TRIAD LLC**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6732 LONG OAK BLVD.**  
 83  
 84 City **NAPLES** FL 85 Zip Code **34109**

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 **T.R. LEATHER** DATE **4/13/98**  
Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORACE, RICHARD F</b> <b>5551 RIDGEWOOD DR STE 203</b> <b>NAPLES FL 33963</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRIFFIN, GERALD F</b> <b>5551 RIDGEWOOD DR STE 203</b> <b>NAPLES FL 33963</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHARPE, KEITH A</b> <b>5551 RIDGEWOOD DR STE 203</b> <b>NAPLES FL 33963</b>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>0</b> <b>CORSONE, DEAN</b> <b>6732 LONG OAK BLVD.</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>0</b> <b>GUARINO, ROGER</b> <b>6732 LONG OAK BLVD.</b> <b>NAPLES FL. 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>0</b> <b>LIAOIS, STEVE</b> <b>6732 LONG OAK BLVD.</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>0</b> <b>NELSON, LORNE</b> <b>6732 LONG OAK BLVD.</b> <b>NAPLES FL. 34109</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **T.R. LEATHER** DATE **4/13/98** 592-1577

CR2E037 (10/97)