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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 # N96000005159 (6)
 1. Corporation Name
**RAVENNA AT PELICAN MARSH I CONDOMINIUM ASSOCIATI
 ON, INC.**

Principal Place of Business PELICAN MARSH BOULEVARD NAPLES FL 33963	Mailing Address 2786 W CROWN POINTE BLVD NAPLES FL 34112
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3. Date Incorporated or Qualified 10/08/1996	
4. FEI Number 59-3405189	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	D	<input checked="" type="checkbox"/>
NAME	CORACE, RICHARD F	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/>
NAME	GRIFFIN, GERALD F	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SHARPE, KEITH A	
STREET ADDRESS	5551 RIDGEWOOD DR STE 203	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	CORSONE, DEAN		
1.3 STREET ADDRESS	6732 LONG OAK BLVD.		
1.4 CITY-ST-ZIP	NAPLES FL 34109		
2.1 TITLE	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	GUARINO, ROGER		
2.3 STREET ADDRESS	6732 LONG OAK BLVD.		
2.4 CITY-ST-ZIP	NAPLES FL. 34109		
3.1 TITLE	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	LIAOIS, STEVE		
3.3 STREET ADDRESS	6732 LONG OAK BLVD.		
3.4 CITY-ST-ZIP	NAPLES FL 34109		
4.1 TITLE	O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	NELSON, LORNE		
4.3 STREET ADDRESS	6732 LONG OAK BLVD.		
4.4 CITY-ST-ZIP	NAPLES FL. 34109		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: **[Signature]** DATE: **4/13/98** 592-1577

CR2E037 (10/97)