## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # N96000005926 (8)

. PELICAN STRAND COMMERCIAL ASSOCIATION, INC.

## **FILED** Jun 19 1997 8:00am Secretary of State



Principal Piac	e of Busines	Mai	Mailing Address				T INDIVIDUA BIR 19110 94414 BRINI						
10821 AIRPORT-PULLING ROAD NAPLES FL 34109				10821 AIRPORT-PULLING ROAD NAPLES FL 34109-7333									
								3. Date incorpora 11/20/1	ated or Qualified 1 <b>996</b>	3a. Date	of Last F	leport	
2. Principal P	Place of Busin	ness	_	Mailing Address				4. FEI Number	2117	7427	<del></del>	oplied For	
21 Fulls April # of a			26	Suite, Apt. #, etc.				54-	27d-1	1720		ot Applicable	
Sulte, Apt. #, etc.				27				Certificate of Status Desired     Sa.75 Additional     Fee Required					
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23			28				Trust Fund Contribution Added to Fees						
ZIP		Country		Zip	h	untry	•	8. This corporation	-			. 199.032,	
24	0 Name	25 and Address of Curre	29 ppt Registe	arad Agent	30	_		Florida Statute 10. Name and Ad		Yes			
<del></del>	8, Haile	and Address of Come	nit negisti	PIOU MYON		81	Name	10. Name and Au	DIGES OF HOW P	edistator va	BILL		
CALVAT	TODI LEO	1											
SALVATORI, LEO J · 4501 TAMIAMI TRAIL, NORTH				82			Street Ad	reet Address (P.O. Box Number is Not Acceptable)					
SUITE		wej 11011177		· .		83		······································					
	S FL 34103					84	City	· · · · · · · · · · · · · · · · · · ·			<b>85</b> Zip	Code	
*		•						<u></u>	<u></u>	-L	1 '		
11. Pursuant office or r	to the brevis	ions of Sections 617,05 ent, or both, in the State	02 and 61 e of Florida	7.1508, Florida Statu a. Such change was	ites, the a	bove	e-named corpo	orporation submits this s tration's board of directo	tatement for the	purpose of cl	hanging i	ts registered registered	
agent. I a	am familiar w	th, and addept the oblig	gations of,	Section 617.0503, F	lorida Sta	tutes	3.			-//	1		
SIGNATURE	Sharet	or printed name of registered as			Sr. 5			guired whon reinstating)		4/22/	97_		
12.	Signature, typec	OFFICERS AN			13.	во Аде	nt signature re	ADDITIONS/CH	ANGES TO OFF	ICERS AND D	DIRECTOR	RS IN 12	
TITLE	PD			DELETE	1.1 7	ITLE					Change	Addition	
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STREET ADDRESS		AIRPORT-PULLING R	OAD		1.3 \$	TREET	ADDRESS						
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TITLE				☐ DELETE	5.1 7				· · · · · · · · · · · · · · · · · · ·		Change	Addition	
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NAME					6.2 N			54LH_U	<b>0022</b> 9/97010	t nab			
STREET ADDRESS							ADDRESS	-06713 ***226		104031			
CITY-ST-ZIP	by certify the	t the information euroli	ad with this	s filing does not gue		ITY-S		キキキュニに ited in Section 119.07(3)		tes I further o	ertify that	the	

I do nereby certify that the intomotion 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 the partial 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.