

FILE NOW: FILING FEE IS \$61.25

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Mar 31 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 # N96000006271 (8)

1. Corporation Name

THE COLONY AT PELICAN LANDING FOUNDATION, INC.



Principal Place of Business 24820 BURNT PINE DRIVE BONITA SPRINGS FL 34134	Mailing Address 24820 BURNT PINE DRIVE BONITA SPRINGS FL 34134
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3. Date Incorporated or Qualified 12/10/1996
4. FEI Number 59-3419224
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent HASTINGS, VIVIEN N ESQ. 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108

10. Name and Address of New Registered Agent
81 Name Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive
83 Suite Suite 300
84 City Bonita Springs FL
85 Zip Code 34134

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 *Vivien Hastings* **2/23/98**
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRABNER, ROBERT		1.2 NAME Katherine C. Green	
STREET ADDRESS 24820 BURNT PINE DRIVE		1.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HASTINGS, VIVIEN N		2.2 NAME 24301 Walden Center Drive	
STREET ADDRESS 24820 BURNT PINE DRIVE		2.3 STREET ADDRESS Bonita Springs, FL	
CITY-ST-ZIP BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE VST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARLSON, ALICE J		3.2 NAME Steven C. Adelman	
STREET ADDRESS 24820 BURNT PINE DRIVE		3.3 STREET ADDRESS 24301 Walden Center Drive	
CITY-ST-ZIP BONITA SPRINGS FL 34134		3.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAGE, GEORGE R		4.2 NAME 24301 Walden Center Drive	
STREET ADDRESS 24820 BURNT PINE DRIVE		4.3 STREET ADDRESS Bonita Springs, FL	
CITY-ST-ZIP BONITA SPRINGS FL 34134		4.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMOYER, JERRY		5.2 NAME 24301 Walden Center Drive	
STREET ADDRESS 24820 BURNT PINE DRIVE		5.3 STREET ADDRESS Bonita Springs, FL	
CITY-ST-ZIP BONITA SPRINGS FL 34134		5.4 CITY-ST-ZIP Bonita Springs, FL	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHMOYER, JERRY		6.2 NAME 24301 Walden Center Drive	
STREET ADDRESS 24820 BURNT PINE DRIVE		6.3 STREET ADDRESS Bonita Springs, FL	
CITY-ST-ZIP BONITA SPRINGS FL 34134		6.4 CITY-ST-ZIP Bonita Springs, FL	

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: *Vivien N. Hastings* **2/23/98** (941) 947-2600
 Vivien N. Hastings, Secretary

CP2E037 (10/97)