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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9700001447 1. Corporation Name

PELICAN STRAND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

10621 AIRPORT-PULLING RD N NAPLES FL 34109

2. Principal Place of Business

10621 AIRPORT-PULLING RD N NAPLES FL 34109

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 025 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21 5800	Strand Blud	26 5800 Sh	rand Bluck	03/10/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number		$\overline{}$	lied For
22		27		59-3473779			Applicable
City & State		City & State  28 Naples . F	2L	5. Certifcate of Status Desired	<b>\</b>	<b>8.75</b> Ac Fee Req	
Zip	Country	Zip	Country	6. Election Campaign Financing	П	\$5.00 N	flay Be
24 3411	25 USA	29 34/10 30	USA	Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current I		10. Name and Address of New R	egistered Age	nt		
		<del></del>	81 Name				
ы монос	VILLE, JOHN D	82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
QUARLES	· · · · · · · ·	or or or or					
	IAMI TRAIL N, SUITE 300	83					
NAPLES F	· · · · · · · · · · · · · · · · · · ·	21 00			5 Zip Ci	ade -	
NAPLES P	L 34103	84 City		FL I°		1	
44. See a full state of Captions 647 0503 and 647 1508. Elegida Statutos, the above pared 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		13.	ADDITIONS/CHANGES TO OFF	ICERS AND D	RECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	HARDY, ROBERT P		1.2 NAME				İ
STREET ADDRESS	10621 AIRPORT-PULLING RD N.	SUITE 1	1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	DORRILL, W NEIL		2.2 NAME				
STREET ADDRESS	10621 AIRPORT-PULLING RD N		23 STREET ADDRESS	•		•	. (
CITY-ST-ZIP	NAPLES FL 34109		2, 4 CITY-ST-ZIP	•			
TITLE	SID	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	OLSON, RENEE		3.2 NAME				
	10621 AIRPORT-PULLING RD N		3.3 STREET ADDRESS				
STREET ADDRESS	NAPLES FL 34109		3.4. CITY-ST-ZIP				1
CITY-ST-ZIP TITLE	NAPLES PL STIUS	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
			4.3 STREET ADDRESS				ľ
STREET ADDRESS							ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Г	Change	Addition
TITLE		المالك المالك	5.2 NAME		_		_ "
NAME	13416L	•	5.3 STREET ADDRESS				
STREET ADDRESS	Meddock koedada		5.4 CITY-ST-ZIP	•			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		· .	Change	Addition
TITLE "GOST CO.)	Marian San San San San San San San San San S		6.2 NAME		_	,	
NAME	[ The Bay Hart to 19]						
STREET ADDRESS		_	6.3 STREET ADDRESS				}
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Florida Ct. 1.1	E		formation
14 I boroby e	partify that the information supplied with	this filiab door not qualify for the	se evemetion stated in S	Section 119 07(3)(i) Florida Statutes.	i turther certify:	ınat t <b>ne in</b>	KONTANON

true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in address, with all other like empowered indicated on this annual report or supplemental annual officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE:

941-591-9115