

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N36643** (7)
1. Corporation Name
SAN MARINO IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



| | |
|--|---|
| Principal Place of Business 1044 CASTELLO DR. SUITE 206 NAPLES FL 33940 US | Mailing Address 1044 CASTELLO DR. SUITE 206 NAPLES FL 34103-1800 US |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/15/1990 | 3a. Date of Last Report 03/29/1996 |
| 4. FEI Number 65-0235584 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR.
SUITE 206
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | GETLER, CHARLES - |
| STREET ADDRESS | 6855 SAN MARINO DR. #209 |
| CITY-ST-ZIP | NAPLES FL -- |
| TITLE | VO <input checked="" type="checkbox"/> DELETE |
| NAME | WHITTET, JAMES |
| STREET ADDRESS | 6880 SAN MARINO DR #403 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | SO <input checked="" type="checkbox"/> DELETE |
| NAME | HOGARDI, OLGA |
| STREET ADDRESS | 6825 SAN MARINO DRIVE #501 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | FO <input type="checkbox"/> DELETE |
| NAME | MACDOUGALL, JOE |
| STREET ADDRESS | 6820 SAN MARINO DRIVE #808 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | MCCUE, JOHN |
| STREET ADDRESS | 6830 SAN MARINO DRIVE #702 |
| CITY-ST-ZIP | NAPLES FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Wernette, John |
| 1.3 STREET ADDRESS | 6855 San Marino Dr. #211 |
| 1.4 CITY-ST-ZIP | Naples, FL |
| 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Cummings, Tom |
| 2.3 STREET ADDRESS | 6855 San Marino Dr. #209 |
| 2.4 CITY-ST-ZIP | Naples, FL |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 _____ DATE **4/15/97**

CR2E037 (9/96)