

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N36643 (7)**  
 1. Corporation Name  
**SAN MARINO IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1044 CASTELLO DR.                  SUITE 206                  NAPLES FL 33940                  US</b>	Mailing Address <b>1044 CASTELLO DR.                  SUITE 206                  NAPLES FL 33940                  US</b>
---	---

3. Date Incorporated or Qualified <b>02/15/1990</b>		
4. FEI Number <b>65-0235584</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b> <b>34103</b>	Zip <b>29</b> <b>34103</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City

**FL** **85** Zip Code **34103**

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 <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WERNETTE, JOHN</b>	
STREET ADDRESS <b>6855 SAN MARINO DRIVE #211</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CUMMINGS, TOM</b>	
STREET ADDRESS <b>6855 SAN MARINO DRIVE #209</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE
NAME <b>MACDOUGALL, JOE</b>	
STREET ADDRESS <b>6820 SAN MARION DRIVE #608</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MCCUE, JOHN</b>	
STREET ADDRESS <b>6830 SAN MARINO DRIVE #702</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>UPD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PD</b>
4.3 STREET ADDRESS	<b>Hall, Ted</b>
4.4 CITY-ST-ZIP	<b>6820 San Marino #605 Naples, FL 34108</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>McKee, Jim</b>
5.4 CITY-ST-ZIP	<b>6865 San Marino Drive #307 Naples, FL 34108</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SD</b>
6.3 STREET ADDRESS	<b>Blackburn, Kathy</b>
6.4 CITY-ST-ZIP	<b>6835 San Marino Drive #801 Naples, FL 34108</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Joe McCue*

CR2E037 (10/97)