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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36643

1. Corporation Name

SAN MARINO IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1044 CASTELLO DR.
 SUITE 206
 NAPLES FL 34103
 US

Mailing Address

1044 CASTELLO DR.
 SUITE 206
 NAPLES FL 34103
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/15/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0235584
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
 1044 CASTELLO DR.
 SUITE 206
 NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNETTE, JOHN	1.2 NAME	
STREET ADDRESS	6855 SAN MARINO DRIVE #211	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, TOM	2.2 NAME	SD Jeffries, Tom
STREET ADDRESS	6855 SAN MARINO DRIVE #209	2.3 STREET ADDRESS	6865 San Marino Dr. #305
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDOUGALL, JOE	3.2 NAME	
STREET ADDRESS	6820 SAN MARION DRIVE #608	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, TED	4.2 NAME	
STREET ADDRESS	6820 SAN MARINO #605	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, JIM	5.2 NAME	
STREET ADDRESS	6865 SAN MARINO DR. #307	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKBURN, KATHY	6.2 NAME	VP
STREET ADDRESS	6865 SAN MARINO DR. #801	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Joe MacDougall* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/98
 Date

(941) 592-6428
 Daytime Phone #

CR2E037-11/98