

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90041 037 \*\*\*\*61.25

**DOCUMENT # N36643**

1. Entity Name

**SAN MARINO IN PELICAN BAY CONDOMINIUM ASSOCIATIO**

Principal Place of Business

Mailing Address

1044 CASTELLO DR.  
SUITE 206  
NAPLES FL 34103  
US1044 CASTELLO DR.  
SUITE 206  
NAPLES FL 34103-1900  
US**941264**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0235584**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **WERNETTE, JOHN**  
STREET ADDRESS **6855 SAN MARINO DRIVE #211**  
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☐ Delete  
NAME **JEFFRIES, TOM**  
STREET ADDRESS **6865 NARINO DR. #305**  
CITY-ST-ZIP **NAPLES FL**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6865 San Marino DR #305**  
CITY-ST-ZIPTITLE **TD** ☐ Delete  
NAME **MACDOUGALL, JOE**  
STREET ADDRESS **6820 SAN MARION DRIVE #608**  
CITY-ST-ZIP **NAPLES FL**TITLE ☒ Change ☐ Addition  
NAME **T/T**  
STREET ADDRESS **6820 San Marino DR #608**  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **HALL, TED**  
STREET ADDRESS **6820 SAN MARINO #605**  
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MCKEE, JIM**  
STREET ADDRESS **6865 SAN MARINO DR. #307**  
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **BLACKBURN, KATHY**  
STREET ADDRESS **6865 SAN MARINO DR. #801**  
CITY-ST-ZIP **NAPLES FL 34108**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #