

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 613904

FILED
Apr 28, 2004
Secretary of State

Entity Name: PELICAN BAY PROPERTIES, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DR
STE 300
BONTIA SPIRNGS, FL 34134 US

New Mailing Address:

FEI Number: 59-1906557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS, FL 34134 US

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: VIVIEN N HASTINGS

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CROSS, WANDA Z
Address: 24301 WALDEN CENTER DR, STE. 300
City-St-Zip: BONITA SPIRNGS, FL 34134

Title: DVT () Delete
Name: ADELMAN, STEVEN C
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V () Delete
Name: CULLEN, JAMES D
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HASTINGS, VIVIEN N
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIEN N HASTINGS

DS

04/28/2004

Electronic Signature of Signing Officer or Director

Date