

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3: 50

DOCUMENT # 613907

(5)

1. Corporation Name

PELICAN BAY DEVELOPMENT, INC.

Principal Place of Business

SUITE 500
801 LAUREL OAK DRIVE
NAPLES FL 33963

Mailing Address

SUITE 500
801 LAUREL OAK DRIVE
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2170251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MCCURE, ROBERT W.
801 LAUREL OAK DR., #500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

T. D. Kirkpatrick

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

801 Laurel Oak Dr. #500

83

84 City

Naples

FL

85

Zip Code
33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0508, Florida Statutes.

SIGNATURE

T. D. Kirkpatrick

2/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	ARCHER, TERRY P
STREET ADDRESS	801 LAUREL OAK DR #500
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	KOSTE, B.R.
STREET ADDRESS	801 LAUREL OAK DR., #500
CITY, ST, ZIP	NAPLES FL
TITLE	DT
NAME	BAKER, R.W.
STREET ADDRESS	801 LAUREL OAK DR., #500
CITY, ST, ZIP	NAPLES FL
TITLE	V
NAME	THOMAS, D.D.
STREET ADDRESS	801 LAUREL OAK DR., #500
CITY, ST, ZIP	NAPLES FL
TITLE	S
NAME	FALBEY, J.
STREET ADDRESS	801 LAUREL OAK DR., #500
CITY, ST, ZIP	NAPLES FL
TITLE	CAS
NAME	WALKER, P.L.
STREET ADDRESS	801 LAUREL OAK DR #500
CITY, ST, ZIP	NAPLES FL

14 TITLE		☐ Change ☐ Addition
15 NAME		
16 STREET ADDRESS		
17 CITY, ST, ZIP		
18 TITLE		☐ Change ☐ Addition
19 NAME		
20 STREET ADDRESS		
21 CITY, ST, ZIP		
22 TITLE		☒ Change ☐ Addition
23 NAME	Faust, R. E.	
24 STREET ADDRESS		
25 CITY, ST, ZIP		
26 TITLE		☐ Change ☐ Addition
27 NAME		
28 STREET ADDRESS		
29 CITY, ST, ZIP		
30 TITLE		☒ Change ☐ Addition
31 NAME	Kirkpatrick, T. D.	
32 STREET ADDRESS		
33 CITY, ST, ZIP		
34 TITLE		☐ Change ☐ Addition
35 NAME		
36 STREET ADDRESS		
37 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

T. D. Kirkpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. D. Kirkpatrick, Secretary

2/6/95

(813) 597-6061



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 10, 1995

PELICAN BAY DEVELOPMENT, INC.
SUITE 500
801 LAUREL OAK DRIVE
NAPLES, FL 33963

SUBJECT: PELICAN BAY DEVELOPMENT, INC.
Ref. Number: 613907

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The registered agent must have a street address in Florida.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman
ANNUAL_REPORT Section

Letter number: 795A00006040