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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757958 (4)
 1. Corporation Name
THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 5601 TURTLE BAY DRIVE SUITE 100 NAPLES FL 33963	Mailing Address 5601 TURTLE BAY DRIVE SUITE 100 NAPLES FL 33963
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3. Date incorporated or Qualified 05/08/1981	
4. FEI Number 59-2300102	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GRIEVE, WILLIAM P
 STRATFORD AT PELICAN BAY COND ASSOC.
 5601 TURTLE BAY DRIVE #100
 NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name COUNSELMAN, CHARLES C.	
82 Street Address (P.O. Box Number is Not Acceptable) STRATFORD AT PELICAN BAY	
83 5601 TURTLE BAY DRIVE #100	
84 City NAPLES	85 Zip Code FL 34108

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 *Charles C. Counselman* (NOTE: Registered Agent signature required when reinstating) DATE **MARCH 5th 1998**

12. OFFICERS AND DIRECTORS

TITLE DT	NAME COUNSELMAN, CHARLES D.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5601 TURTLE BAY DR	CITY-ST-ZIP NAPLES FL	
TITLE D	NAME MATUSKA, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5601 TURTLE BAY DR	CITY-ST-ZIP NAPLES FL	
TITLE VD	NAME THORNER, GERALD C.	<input type="checkbox"/> DELETE
STREET ADDRESS 5601 TURTLE BAY DRIVE	CITY-ST-ZIP NAPLES FL	
TITLE DS	NAME POWERS, CHARMAINE	<input type="checkbox"/> DELETE
STREET ADDRESS 5601 TURTLE BAY DR	CITY-ST-ZIP NAPLES FL	
TITLE DP	NAME GRIEVE, WILLIAM P	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5601 TURTLE BAY DRIVE	CITY-ST-ZIP NAPLES FL	
TITLE D	NAME PUTMAN, NORMAN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 5601 TURTLE BAY DR	CITY-ST-ZIP NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME COUNSELMAN, CHARLES C.	
1.3 STREET ADDRESS 5601 TURTLE BAY DR	
1.4 CITY-ST-ZIP NAPLES FL	
2.1 TITLE DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME FERGUSON WILLIAM R	
2.3 STREET ADDRESS 5601 TURTLE BAY DR	
2.4 CITY-ST-ZIP NAPLES FL	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME LAWLER EUGENE P.	
6.3 STREET ADDRESS 5601 TURTLE BAY DRIVE	
6.4 CITY-ST-ZIP NAPLES FL	

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.

941-597-3501

SIGNATURE: *Charles C. Counselman* DATE: **MARCH 5th 1998**

CF2E037 (10/97)