


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90116 013 \*\*\*\*61.25

0063918

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 757958**

1. Corporation Name

**THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

5601 TURTLE BAY DRIVE  
 SUITE 100  
 NAPLES FL 33963

5601 TURTLE BAY DRIVE  
 SUITE 100  
 NAPLES FL 33963



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/08/1981
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2300102
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
COUNSELMAN, CHARLES C STRATFORD AT PELICAN BAY 5601 TURTLE BAY DRIVE #100 NAPLES FL 34108		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COUNSELMAN, CHARLES C STRATFORD AT PELICAN BAY 5601 TURTLE BAY DRIVE #100 NAPLES FL 34108		81 Name	DAVID HACK
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	5601 TURTLE BAY DR #100
		84 City	NAPLES FL
		85 Zip Code	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 David K. Hack **DAVID HACK, PRES.** 3/29/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNSELMAN, CHARLES D.	1.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, WILLIAM R	2.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNER, GERALD C.	3.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWERS, CHARMAINE	4.2 NAME	GILMAN, LEIGHTON
STREET ADDRESS	5601 TURTLE BAY DR	4.3 STREET ADDRESS	5601 TURTLE BAY DRIVE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIEVE, WILLIAM P	5.2 NAME	HACK, DAVID
STREET ADDRESS	5601 TURTLE BAY DRIVE	5.3 STREET ADDRESS	5601 TURTLE BAY DRIVE
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES, FL 34108
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	LAWLER, EUGENE P	6.2 NAME	
STREET ADDRESS	5601 TURTLE BAY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: Signature Required 3/29/99 941-597-3501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E07 (11/98)