
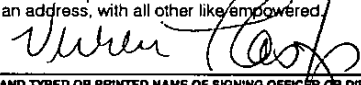


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90026 025 \*\*\*150.00

<b>DOCUMENT # F98000006625</b> 1. Entity Name <b>PELICAN LANDING GOLF RESORT VENTURES, INC.</b>					
Principal Place of Business <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>			Mailing Address <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3543499</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DIETZ, JAMES P</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FRY, DAVID L</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>ADELMAN, STEVEN C</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PIERCE, STEPHEN C</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>D'ALESSANDRO, EDWARD</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>HASTINGS, VIVIEN N</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CULLEN, JAMES D</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>CULLEN JAMES D.</b> <b>24301 WALDEN CENTER DRIVE</b> <b>BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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.					
<b>SIGNATURE:</b> 		<b>3-14-05</b> <b>239 498 8605</b> <small>Date Daytime Phone #</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40633076

**Additional Officers – Pelican Landing Golf Resort Ventures, Inc.**  
**Document # F98000006625**  
**2005 For Profit Corporation**  
**Amended Annual Report**

10. Officers and Directors	
Title:	V
Name:	Edward R. Griffith
Street Address:	24301 Walden Center Drive
City-St-Zip:	Bonita Springs, Florida 34134
Title:	AS
Name:	Sylvia Keith
Street Address:	24301 Walden Center Drive
City-St-Zip:	Bonita Springs, Florida 34134