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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J53616 (5)
1. Corporation Name
PELICAN PROPERTIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
8060 GULF SHORE DR. 8060 GULF SHORE DR.
NAPLES FL 33963 NAPLES FL 34108-2340

3. Date Incorporated or Qualified 01/22/1987 3a. Date of Last Report 04/04/1996
4. FEI Number 34-1509925 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

CORCELLI, DONALD N
9060 GULF SHORE DR.
NAPLES FL 33963

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	STD
NAME	CORCELLI, DONALD N	1.2 NAME	
STREET ADDRESS	9060 GULF SHORE DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33963	1.4 CITY - ST - ZIP	
TITLE	VPD	2.1 TITLE	
NAME	CORCELLI, MARY E	2.2 NAME	
STREET ADDRESS	9060 GULF SHORE DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33963	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	KILPATRICK, ROBERT E	3.2 NAME	
STREET ADDRESS	9060 GULF SHORE DR.	3.3 STREET ADDRESS	ELIMINATED
CITY - ST - ZIP	NAPLES FL 33963	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone

1/10/97 941-597-7302

CR2E034 (9/96)