

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:57

DOCUMENT # **K54321 (0)**

1. Corporation Name
PELICAN LANDING COMMUNITIES, INC.

Principal Place of Business	Mailing Address
ROBERT W. MCCLURE 801 LAUREL OAK DR., STE. 500 NAPLES FL 33963	ROBERT W. MCCLURE 801 LAUREL OAK DR., STE. 500 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 c/o Vivien Hastings		2a c/o Vivien Hastings		12/28/1988	03/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		25-1629089	Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCLURE, ROBERT W. 801 LAUREL OAK DR. SUITE 500 NAPLES FL 33963				81 Name	Vivien N. Hastings		
				82 Street Address (P.O. Box Number is Not Acceptable)	801 Laurel Oak Drive		
				83	Suite 500		
				84 City	Naples	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 Vivien N. Hastings DATE 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTE, BYRON R.	1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR. #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEGSTED, LOUIS H.	2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR. #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMOYER, JERRY H	3.2 NAME	
STREET ADDRESS	9200-101 BONITA BCH RD	3.3 STREET ADDRESS	24820 Burnt Pine Drive
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, A.J.	4.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR. #500	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, V.N.	5.2 NAME	S
STREET ADDRESS	801 LAUREL OAK DR. #500	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, ROBERT W	6.2 NAME	Faust, R.E.
STREET ADDRESS	801 LAUREL OAK DR #500	6.3 STREET ADDRESS	801 Laurel Oak Drive, #500
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Naples, FL 33963

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(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: Vivien Hastings DATE: 2/6/95 (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vivien N. Hastings, Secretary