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Mar 19 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 # M70023

(0)

1. Corporation Name
PELICAN LANDING PROPERTIES, INC.



Principal Place of Business
801 LAUREL OAK DR
STE 500
NAPLES FL 33963
US

Mailing Address
801 LAUREL OAK DR
STE 500
NAPLES FL 34108-2764
US

3. Date Incorporated or Qualified
02/29/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 25-1629086	Applied For Not Applicable
		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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HASTINGS, VIVEN N
801 LAUREL OAK DRIVE
SUITE 500
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
34108

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/P
NAME	GUNDERSON, J.D.	1.2 NAME	JOHANSSON, S.
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	1.3 STREET ADDRESS	801 LAUREL OAK DRIVE, #500
CITY, ST, ZIP	NAPLES FL	1.4 CITY - ST - ZIP	NAPLES, FL
TITLE	VD	2.1 TITLE	
NAME	STORY, J.B.	2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	2.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	OT	3.1 TITLE	
NAME	CARLSON, A. J.	3.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR #500	3.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	HASTINGS, V N	4.2 NAME	
STREET ADDRESS	801 LAUREL OAK DR, STE 500	4.3 STREET ADDRESS	
CITY, ST, ZIP	NAPLES FL	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.

Vivien Hastings, Secretary

SIGNATURE: *Vivien Hastings*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 (941) 597-6061

Date Daytime Phone #

CR2E034 (9/96)