

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
**24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134
US**

Mailing Address
**24301 WALDEN CENTER DR.
BONITA SPRINGS FL 34134
US**

FILED
Feb 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/29/1988	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 25-1629086	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HASTINGS, WMEN N 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108				10. Name and Address of New Registered Agent			
				81 Name Vivien Hastings			
				82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive			
				83 Suite 300			
				84 City Bonita Springs			
				85 Zip Code FL 34134			

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 Hastings* DATE **1/22/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	JOHANSSON, S	1.2 NAME	Wanda Z. Cross
STREET ADDRESS	801 LAUREL OAK DR, #500	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	VD	2.1 TITLE	DT
NAME	STORY, J.B.	2.2 NAME	Steven C. Adelman
STREET ADDRESS	801 LAUREL OAK DRIVE, #500	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DT	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	SD
NAME	HASTINGS, V N	4.2 NAME	Vivien Hastings
STREET ADDRESS	801 LAUREL OAK DR, STE 500	4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Bonita Springs, FL
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 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: *Vivien Hastings* DATE **1/22/98** (941) 947-2600

CR2E034 (10/97)