

FILE NOW: FILING FEE IS \$61.25

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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06977 (5)
1. Corporation Name
**THE ASSOCIATION OF UNIT OWNERS OF THE REGISTRY H
OTEL AT PELICAN BAY, INC.**



Principal Place of Business PROPERTY DIRECTIONS, INC 501 SEAGATE DR NAPLES FL 33940 US	Mailing Address 4501 TAMAMI TRAIL NORTH SUITE 300 NAPLES FL 34103-3023 US
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3. Date Incorporated or Qualified 01/07/1985	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2354373	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMACKIN, F JOSEPH III, ESQUIRE
4501 TAMAMI TRAIL, N. SUITE 300
NAPLES FL 33940**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DVPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHENSOFF, GARY V.		1.2 NAME CHRISTOPHER P. JOHNSON	
STREET ADDRESS 3 FIRST NATIONAL PLAZA, SUITE 3600		1.3 STREET ADDRESS 3 FIRST NATIONAL PLAZA, SUITE 3600	
CITY-ST-ZIP CHICAGO IL 60602		1.4 CITY-ST-ZIP CHICAGO, IL 60602	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENOLF, HENRY V		2.2 NAME	
STREET ADDRESS 16865 BOULDER WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP MACOMB MI 48042		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHREIBERG, SHELDON R		3.2 NAME	
STREET ADDRESS 1300 NINETEENTH STREET, N.W.		3.3 STREET ADDRESS	
CITY-ST-ZIP WASHINGTON DC		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FUGATE, FRANCIS B		4.2 NAME	
STREET ADDRESS 11150 PINEHURST DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP AUSTIN TX 78747		4.4 CITY-ST-ZIP	
TITLE VPTD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TEUSAW, DEAN		5.2 NAME	
STREET ADDRESS 1671 BROCKETT RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP TUCKER GA		5.4 CITY-ST-ZIP	
TITLE DVPS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCLURE, JOSEPH H. JR		6.2 NAME	
STREET ADDRESS 7000 PEACHTREE DUNWOODY RD, BLDG 3, #1000		6.3 STREET ADDRESS	
CITY-ST-ZIP ATLANTA GA 30328		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph H. McClure, Jr.* **JOSEPH H. MCLURE, JR.** 770-396-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date _____ Daytime Phone # 0059423

CR2E037 (9/96)