

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>PROPERTY DIRECTIONS, INC 501 SEAGATE DR NAPLES FL 33940 US</b>	Mailing Address <b>4501 TAMiami TRAIL NORTH SUITE 300 NAPLES FL 33940-5000 US</b>
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3. Date Incorporated or Qualified <b>01/07/1985</b>
4. FEI Number <b>59-2354373</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> <b>34103</b>	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> <b>34103</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 <b>MCMACKIN, F JOSEPH M, ESQUIRE 4501 TAMiami TRAIL, N. SUITE 300 NAPLES FL 33940</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHENSOFF, GARY V.</b>
STREET ADDRESS	<b>3 FIRST NATIONAL PLAZA, SUITE 3600</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DENOLF, HENRY V</b>
STREET ADDRESS	<b>16885 BOULDER WAY</b>
CITY-ST-ZIP	<b>MACOMB MI</b>
TITLE	<b>DVPT</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, CHRISTOPHER P.</b>
STREET ADDRESS	<b>3 FIRST NATIONAL PLAZA, STE 3600</b>
CITY-ST-ZIP	<b>CHICAGO IL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>FUGATE, FRANCIS B</b>
STREET ADDRESS	<b>11150 PINEHURST DR.</b>
CITY-ST-ZIP	<b>AUSTIN TX</b>
TITLE	<b>DVPS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MCLURE, JOSEPH H. JR</b>
STREET ADDRESS	<b>7000 PEACHTREE DUNWOODY RD, BLDG 3, #1000</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DVP</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D COLLETTI, JOHN R.</b>
6.3 STREET ADDRESS	<b>6046 N HARDING AVE</b>
6.4 CITY-ST-ZIP	<b>CHICAGO, IL 60659</b>

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

SIGNATURE: *Christopher P. Johnson* **Christopher P. Johnson** 1/26/98 (312) 977-9225

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