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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06977

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 34103
US

Mailing Address

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103
US



2. Principal Place of Business

21 REGISTRY RESORT

Suite, Apt. #, etc.

22 475 SEAGATE DRIVE

City & State

23 NAPLES, FL

Zip

24 34103

Country

25 US

2a. Mailing Address

26 C/O QUARLES & BRADY LLP

Suite, Apt. #, etc.

27 4501 TAMiami TR. N., #300

City & State

28 NAPLES, FL

Zip

29 34103

Country

30 US

3. Date Incorporated or Qualified

01/07/1985

4. FEI Number

59-2354373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**81 Name
MCMACKIN, F. JOSEPH III, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable)
C/O QUARLES & BRADY LLP
83 4501 TAMiami TRAIL NORTH, #300
84 City
NAPLES FL 85 Zip Code
34103**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVP**
NAME **CHENSOFF, GARY V.**
STREET ADDRESS **3 FIRST NATIONAL PLAZA, SUITE 3600**
CITY-ST-ZIP **CHICAGO IL**

☐ DELETE

TITLE **D**
NAME **DENOLF, HENRY V**
STREET ADDRESS **16865 BOULDER WAY**
CITY-ST-ZIP **MACOMB MI**

☒ DELETE

TITLE **DVPT**
NAME **JOHNSON, CHRISTOPHER P.**
STREET ADDRESS **3 FIRST NATIONAL PLAZA, STE 3600**
CITY-ST-ZIP **CHICAGO IL**

☐ DELETE

TITLE **PD**
NAME **FUGATE, FRANCIS B**
STREET ADDRESS **11150 PINEHURST DR.**
CITY-ST-ZIP **AUSTIN TX**

☒ DELETE

TITLE **D**
NAME **COLLETTI, JOHN I**
STREET ADDRESS **6046 N HARDING AVE**
CITY-ST-ZIP **CHICAGO IL 60659**

☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **D/VP** ☐ Change ☒ Addition
2.2 NAME **RICHARD HANDLEY, ESQUIRE**
2.3 STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

3.1 TITLE **D/VP/T/S** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **WILLIAM PIERCE**
4.3 STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
4.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)