FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:33

DOCUMENT # **N27971** **(3)**

1. Corporation Name

PELICAN LANDING COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9200 BONITA BEACH ROAD, S.E. SUITE 101 BONITA SPRINGS FL 33923	9200 BONITA BEACH ROAD, S.E. SUITE 101 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1988
3a. Date of Last Report: 02/24/1994
4. FEI Number: 65-0082916 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5450 Coconut Road	26 5450 Coconut Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bonita Springs FL	City & State 28 Bonita Springs FL
Zip 24 33923 Country 25 U.S.	Zip 29 33923 Country 30 U.S.

9. Name and Address of Current Registered Agent

MCCLURE, ROBERT W.
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name: Robin Martin
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Dr. Suite 500
83
84 City: Naples FL 85 Zip Code: 33963

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: Robin Martin ROBIN MARTIN, S/O 4.6.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	SCHWARTZ, DOUGLAS L.	1.2 NAME	Douglas L. Schwartz	
STREET ADDRESS	801 LAUREL OAK DR. #500	1.3 STREET ADDRESS	24820 Burnt Pine Drive	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs FL 33923	
TITLE	V	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BLAKE, DEL G.	2.2 NAME	Kitty Green	
STREET ADDRESS	801 LAUREL OAK DR. #500	2.3 STREET ADDRESS	24820 Burnt Pine Drive	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs FL 33923	
TITLE	TD	3.1 TITLE	SD	☐ Change ☑ Addition
NAME	CARLSON, ALICE J.	3.2 NAME	Robin Martin	
STREET ADDRESS	801 LAUREL OAK DR #500	3.3 STREET ADDRESS	801 Laural Oak Dr. #500	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	SD	4.1 TITLE	D	☐ Change ☑ Addition
NAME	HASTINGS, VIVIEN	4.2 NAME	Tom Duff	
STREET ADDRESS	801 LAUREL OAK DR. #500	4.3 STREET ADDRESS	25842 Galashields Circle	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Bonita Springs FL 33923	
TITLE	PD	5.1 TITLE	D	☐ Change ☑ Addition
NAME	Duff, Tom	5.2 NAME	Carey Thomson	
STREET ADDRESS	25842 Galashields Circle	5.3 STREET ADDRESS	25010 Pennyroyal Dr.	
CITY-ST-ZIP	Bonita Springs FL 33923	5.4 CITY-ST-ZIP	Bonita Springs FL 33923	
TITLE	D	6.1 TITLE	T	☑ Change ☐ Addition
NAME	Thomson, Carey	6.2 NAME	Del Blake	
STREET ADDRESS	25010 Pennyroyal Drive	6.3 STREET ADDRESS	24820 Burnt Pine Dr.	
CITY-ST-ZIP	Bonita Springs FL 33923	6.4 CITY-ST-ZIP	Bonita Springs FL 33923	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robin Martin 4.6.95 (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #