## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

101

DOCUMENT # N2/9/1 (3)							
Corporation Name							
PELICAN LANDIN	ig community as	SOCIATION, INC.					
					]	EN ELSK ELSK ELSK	
Principal Place of Business		14.9' 14.1					
,		Mailing Address					
5450 COCONUT ROAD		5450 COCONUT RD			]		
SUITE 101 BONITA SPRINGS FL 33923		Suite 101 Bonita Springs FL 33923					
US		US	0920		3. Date Incorporated or Qualified 3a 08/19/1988	Date of Last I	Report
						04/14/1	995
Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0082916		oplied For	
21 Suite Ant Higher		26		02-0005810		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
City & State		City & State		6 50-00-00-00-00-00-00-00-00-00-00-00-00-0		Pequired	
23		28		6. Election Campaign Financing Trust Fund Contribution		May Be I to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangit		
24 2		29	30			No Karan	103.002,
Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
81 Name P				$\mathcal{P}_{i}$	etrzyk. M. L	unne	_
MARTIN, ROBIN			82 Street	Addres	ss (P.O. Box Mumber & Not Acceptable)	<del>/</del>	,
801 LAUREL OAK DR			<u>54</u>	50 Coconut 1	Koad		
SUITE 500			83				
NAPLES FL 33963			84 City	120	nita Gariage	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 617 0500 and 617 1509. Florida Statutos, the above assertions				101	onita Springs FL 18 34134		
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.							egistered office : agent. I am
SIGNATURESignature, typed or	printed name of registered agent and	pe i applicable. (NO)	E: Registered Agent signature n	OUTOO N	hen reinstating) DA	prii a	2,1110
12.	OFFICERS AND DI		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE PD		DELETE	1.1 TITLE	D	. 0 11	Change	Addition
	TZ, DOUGLAS L.		1.2 NAME	17	homas Guenther 4784 Lakemont Cove Lan	. # ^	100
	IRNT PINE DRIVE		1.3 STREET ADDRESS	ୡ'	4784 Lakemont Cove Lan		
0177 01 211	PRINGS FL		1.4 CITY-ST-ZIP	$\mathcal{B}_{\lambda}$	onita Springs FL	3413	
TITLE D	/ITTV	DELETE	2.1 TITLE	I		Change	Addition
NAME GREEN, M	RNT PINE DRIVE		2.2 NAME	5	usan Pritchard	<i></i>	
DONITA C	SPRINGS FL		2.3 STREET ADDRESS	89	I Laural Oak Drive	# 500	)
TITLE SD	171110012	DEFETE	2.4 CITY-ST-ZIP 3.1 TITLE	<del>- /</del>		963	Taran
NAME MARTIN,	ROBIN	Percen	3.1 TILE 3.2 NAME	אַ	D' Porge R. Weyer 1820 Burnt Pine Dri Snita Springs, FL	☐ Change	Addition
	AL OAK DR. #500		3.3 STREET ADORESS	5	inga Burnt Ping Nui	VP	
CITY-ST-ZIP NAPLES			3.4. CITY-ST-ZIP	37	1880 Built The Or	34134	u. l
TITLE D		DELETE	4.1 TITLE	Di	Silva Spirigs, FL	☐ Change	Addition
NAME DUFF, TO			4. 2 NAME				
	LASHIELDS CIRCLE		4.3 STREET ADDRESS				
OIII OI EII	PRINGS FL		4.4 CITY - ST - ZIP				
TITLE D		DELETE	5.1 TITLE			☐ Change	Addition
NAME THOMSOI	•		5.2 NAME				
	NNYROYAL DR		5.3 STREET ADDRESS				
0 0. 1	PRINGS FL		5.4 CITY-ST-ZIP				
TITLE DIAVE D	F1	DELETE	6.1 TITLE			Change	Addition
NAME BLAKE, D			6.2 NAME				
04000 013	DAIT DINE NO						ı
	rnt pine dr Prings fl		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				

receitly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 onyan attachment with an address.

IGNATURE:

O4/25/96

94/-597-606/

SIGNATURE: \_\_\_\_\_

941-597-606/