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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

PELICAN LANDING COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5450 COCONUT ROAD SUITE 101 BONITA SPRINGS FL 33923 US	5450 COCONUT RD SUITE 101 BONITA SPRINGS FL 34134-7259 US

3. Date Incorporated or Qualified: 08/19/1988
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIETRZYK, M. LYNN
5450 COCONUT ROAD
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name: Pietrzyk, M. Lynne
82 Street Address (P.O. Box Number is Not Acceptable): 24830 Burnt Pine Drive
83: # 4
84 City: Bonita Springs FL 85 Zip Code: 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.

SIGNATURE: Lynne Pietrzyk — 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		
		S/T			
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	SCHWARTZ, DOUGLAS L.		1.2 NAME	Stefan Johansson	
STREET ADDRESS	24820 BURNT PINE DRIVE		1.3 STREET ADDRESS	24725 Woodsage Drive	
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	D	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	GREEN, KITTY		2.2 NAME	Green, Katherine	
STREET ADDRESS	24820 BURNT PINE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	WEYER, GEORGE R.		3.2 NAME	Susan Watts	
STREET ADDRESS	24820 BURNT PINE DRIVE		3.3 STREET ADDRESS	24820 Burnt Pine Drive	
CITY-ST-ZIP	BONITA SPRINGS FL		3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUSUAN, PRITCHARD		4.2 NAME		
STREET ADDRESS	801 LAURAL OAK DRIVE #500		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMSON, CAREY		5.2 NAME		
STREET ADDRESS	25010 PENNYROYAL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GUENTHER, THOMAS		6.2 NAME		
STREET ADDRESS	24784 LAKEMONT COVE LANE #0-102		6.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Katherine Green — 4/2/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0060386