

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT #
1. Corporation Name

N 27971

Pelican Landing Community Association, Inc.

APPROVED
AND
FILED
98 APR 21 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 24301 Walden Center Dr

26 24301 Walden Center Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 Suite 300

City & State

City & State

23 Bonita Springs, FL

28 Bonita Springs, FL

Zip 34134

Country USA

Zip 34134

Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

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. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Vivien N. Hastings

82 Street Address (P.O. Box Number is Not Acceptable)

24301 Walden Center Drive

83 Suite 300

84 City

Bonita Springs

385002514129-3

-05/06/98--01113--014

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FL 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

Vivien Hastings
Signature (typed or printed name of registered agent and not applicable)

(NOTE: Registered Agent signature required when reinstating)

4/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

Katherine C. Green

24301 Walden Center Drive

Bonita Springs, FL 34134

DV

Susan H. Watts

24301 Walden Center Drive

Bonita Springs, FL 34134

DS

Stefan Johansson

24301 Walden Center Drive

Bonita Springs, FL 34134

D

Carey Thompson

24830 Burnt Pine Drive, Suite 5

Bonita Springs, FL 34134

D

Tom Guenther

24830 Burnt Pine Drive, Suite 5

Bonita Springs, FL 34134

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:

Katherine C. Green, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/98

Date

(941) 947-2600

Daytime Phone #

CR2E037 (10/97)