

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90024 005 ***367.50

0064751

DOCUMENT # N27971

1. Corporation Name

PELICAN LANDING COMMUNITY ASSOCIATION, INC.

Principal Place of Business

24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134
US

Mailing Address

24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/19/1988

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

9. Name and Address of Current Registered Agent

HASTINGS, VIVIAN N
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 DP ☐ DELETE
NAME GREEN, KATHERINE C
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DV ☒ DELETE
NAME WATTS, SUSAN H
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DS ☒ DELETE
NAME JOHANSSON, STEFAN
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE
NAME THOMSON, CAREY
STREET ADDRESS 24830 BURNT PINE DRIVE, SUITE 5
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ DELETE
NAME GUENTHER, THOMAS
STREET ADDRESS 24830 BURNT PINE DRIVE, SUITE 5
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME Milton G. Flinn
2.3 STREET ADDRESS 24301 Walden Center Drive
2.4 CITY-ST-ZIP Bonita Springs, FL 34134

3.1 TITLE DS ☐ Change ☒ Addition
3.2 NAME Edwin W. Schultz
3.3 STREET ADDRESS 24301 Walden Center Drive
3.4 CITY-ST-ZIP Bonita Springs FL 34134

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

Milton G. Flinn, Vice President

2/11/99 (941) 947-2600

Date

Daytime Phone #

CR2E037 (1/98)