2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N27971

1. Entity Name

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business

PELICAN LANDING COMMUNITY ASSOCIATION, INC.

24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134 US		24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS FL 34134-4920 US			- 1V207		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	4. FEI Number Applied For Not Applicab		
Zip Country		Zip	Country	5. Certificate	Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name				
HASTINGS, VIVIEN N			Street	Street Address (P.O. Box Number is Not Acceptable)			
24301 WALDEN CENTER DRIVE							
SUITE 300							
BONITA SPRINGS FL 34134			City		FL	Zip Code	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered Agent sign	ature required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25					5.00 May Be Make Check Payable to Department of State		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CH/	ANGES TO OFFICERS AND DIF	RECTORS IN 10	
TITLE	DP	Delete	TITLE	DP		☐ Change ★★Addition	
NAME STREET ADDRESS	The state of the s		NAME STREET ADDRESS	Kenneth W. Hayden \$\ 24301 Walden Center Drive			
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs, Fl. 34134			
TITLE	DV		TITLE	DV	<u> </u>	Change Addition	
NAME	I SHAM WIELDING		NAME	Stefan O. Johansson			
STREET ADDRESS	24001 WALDEN OCHIEN DIWE		STREET ADDRESS CITY-ST-ZIP	24301 Warden Center Dire			
CITY-ST-ZIP	BONITA SPRINGS FL 34134	Delete		} -	ings, F1. 341	34 ☐ Change ☐ Addition	
TITLE NAME	SCHULTZ, EDWIN W	Delete	TITLE NAME	STD	: a ~	☐ Change	
STREET ADDRESS			STREET ADDRESS	Phillip Guido 24301 Walden Center Drive			
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	Bonita Spr	ings, FL, 3413	34	
TITLE	D CAREY	Delete	TITLE	≅ D	_	Change X Addition	
NAME STREET ADDRESS	THOMSON, CAREY			GEorge: Gilliland			
CITY-ST-ZIP	21000 BOTHET 11112 BITHTE, CONT.		STREET ADDRESS CITY-ST-ZIP	24301 Walden Center Drive			
TITLE	D	☐ Delete	TITLE	I =	ings, FL. 3413	Change ACAddition	
NAME	GUENTHER, THOMAS		NAME	D Ron Sinks		}	
24000 BONNET TINE DINEE, CONE O			STREET ADDRESS	3480 PElic	an Colony bly	d \	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	I Boudto Chr	.inac FI 341	34	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 eport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 3.2000

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

941.498.8620

Apr 26, 2000 8:00 am Secretary of State 04-26-2000 90460 001 *1,102.50

☐ Change

☐ Addition