

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33558** (0)

1. Corporation Name

CALAIS AT PELICAN BAY CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

7000 PELICAN BAY BLVD
NAPLES FL 33963
US

7000 PELICAN BAY
NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0140782

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. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHANNON, JIM
SHANNON ENTERPRISES
4501 TAMAMI TRAIL NORTH #226
NAPLES FL 33940

81

SWALM & MURRELL, P.A.

82

2375 TAMAMI TRAIL N., SUITE #)*

83

84 City

NAPLES

85 FL

33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

J. M. Swalm, President

4/26/95

Signature, Wood 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

TITLE DP
NAME DAVIS, FRANK
STREET ADDRESS 7092 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 33963

1.1 TITLE D
1.2 NAME STANLEY BREEN
1.3 STREET ADDRESS 7000 PELICAN BAY BLVD
1.4 CITY-ST-ZIP NAPLES, FL 33963
 Change Addition

TITLE DV
NAME TRESH, TAE
STREET ADDRESS 7024 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 33963

2.1 TITLE DV
2.2 NAME JOY LELONER
2.3 STREET ADDRESS 7024 PELICAN BAY BLVD
2.4 CITY-ST-ZIP NAPLES, FL 33963
 Change Addition

TITLE DS
NAME MILLER, RUTHANN JOHN
STREET ADDRESS 7000 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 33963

3.1 TITLE DS
3.2 NAME MILLER, JOHN
3.3 STREET ADDRESS 7000 PELICAN BAY BLVD
3.4 CITY-ST-ZIP NAPLES, FL 33963
 Change Addition

TITLE DT
NAME PERLEY, RICHMOND
STREET ADDRESS 7048 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 33963

4.1 TITLE DT
4.2 NAME PERLEY, RICHMOND
4.3 STREET ADDRESS 7048 PELICAN BAY BLVD
4.4 CITY-ST-ZIP NAPLES, FL 33963
 Change Addition

TITLE D DP
NAME NEUENHAUS, ART
STREET ADDRESS 7056 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL

5.1 TITLE DP
5.2 NAME NEUENHAUS, ART
5.3 STREET ADDRESS 7056 PELICAN BAY BLVD
5.4 CITY-ST-ZIP NAPLES, FL 33963
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on an attachment with an address.

SIGNATURE:

Richard Perley

4/24/95

434-7447

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #