

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N33558** (0)

1. Corporation Name
CALAIS AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **7000 PELICAN BAY BLVD NAPLES FL 33963 US**
Mailing Address: **7000 PELICAN BAY NAPLES FL 33963 US**

3. Date Incorporated or Qualified: **08/03/1989**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business 7064 PELICAN BAY BLVD	22	Suite, Apt. #, etc.	25	2a. Mailing Address 7064 PELICAN BAY BLVD	26	Suite, Apt. #, etc.	4.	FEI Number 65-0140782	Applied For	<input type="checkbox"/>	Not Applicable
23	City & State NAPLES, FL 33963	27	City & State NAPLES, FL	29	Zip 33963	30	Country COLLIER	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
24	Zip 33963	25	Country COLLIER	29	Zip 33963	30	Country COLLIER	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
9. Name and Address of Current Registered Agent								8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWALM & MURRELL, P. A. 2375 TAMiami TRAIL N. 4501 TAMiami TRAIL NORTH #226 NAPLES FL 33940				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREEN, STANLEY			1.2 NAME			
STREET ADDRESS	7000 PELICAN BAY BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LELONEK, JOY			2.2 NAME	LELONEK, JOY		
STREET ADDRESS	7024 PELICAN BAY BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	DE	<input type="checkbox"/> DELETE		3.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, JOHN			3.2 NAME			
STREET ADDRESS	7008 PELICAN BAY BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	TREASURER/SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RICHMOND, PERLEY			4.2 NAME	CONNELL, COLEMAN J.		
STREET ADDRESS	7040 PELICAN BAY BLVD			4.3 STREET ADDRESS	7032 PELICAN BAY BLVD #E304		
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP	NAPLES, FL 33963		
TITLE	DP	<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEVEN HAUS, ART			5.2 NAME	PEARSON, RICHARD		
STREET ADDRESS	7050 PELICAN BAY BLVD			5.3 STREET ADDRESS	7032 PELICAN BAY BLVD. E303		
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP	NAPLES, FL 33963		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 119.07(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: *[Signature]* **4/12/96 434-7447**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)