

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90052 048 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33558**

1. Corporation Name

**CALAIS AT PELICAN BAY CONDOMINIUM ASSOCIATION, I NC.**

Principal Place of Business

7064 PELICAN BAY BLVD  
 NAPLES FL 33963  
 US

Mailing Address

7064 PELICAN BAY BLVD  
 NAPLES FL 33963  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/03/1989	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0140782	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROCK, HERBERT C/O BECKER & POLIAKOFF 3003 TAMiami TRR N #210 NAPLES FL 34103				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GESHAY, JIM	1.2 NAME	D/T Williams, Ken
STREET ADDRESS	7024 PELICAN BAY BLVD,F-304	1.3 STREET ADDRESS	7048 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, MARVIN	2.2 NAME	Peterson, Marvin
STREET ADDRESS	7008 PELICAN BAY BLVD,H-503	2.3 STREET ADDRESS	7008 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCADOO, MARION	3.2 NAME	Grafstrom, William
STREET ADDRESS	7008 PELICAN BAY BLVD,H-205	3.3 STREET ADDRESS	7008 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, COLEMAN J.	4.2 NAME	Connell, Coleman J.
STREET ADDRESS	7032 PELICAN BAY BLVD #E304	4.3 STREET ADDRESS	7024 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	TSD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSAL, RICHARD	5.2 NAME	Andrew, Charles
STREET ADDRESS	7032 PELICAN BAY BLVD, #E303	5.3 STREET ADDRESS	7008 Pelican Bay Blvd.
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 34108
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 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]* DATE: 3/30/99 DAYTIME PHONE #: 941-434-7447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)