

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51418 (4)

1. Corporation Name

PELICAN BAY BUSINESS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5811 PELICAN BAY BLVD.
SUITE 102
NAPLES FL 339635811 PELICAN BAY BLVD.
SUITE 102
NAPLES FL 34108-27083. Date Incorporated or Qualified
10/22/19923a. Date of Last Report
01/31/19964. FEI Number
65-0358970Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 800 LAUREL OAK DRIVE

2a. 800 LAUREL OAK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 40 GEORGE LANGE

27 40 GEORGE LANGE

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 34108

25 USA

29 34108

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARLICK, THOMAS B.
800 LAUREL OAKS DRIVE
SUITE 400
NAPLES FL 33963

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BERRY, DONALD L
STREET ADDRESS 801 LAUREL OAKS DRIVE #303
CITY-ST-ZIP NAPLES FL 339631.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GEORGE LANGE
1.3 STREET ADDRESS 800 LAUREL OAK DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 34108TITLE D ☒ DELETE
NAME PALMER, THOMAS
STREET ADDRESS 5811 PELICAN BAY BLVD #102
CITY-ST-ZIP NAPLES FL 339632.1 TITLE D ☐ Change ☒ Addition
2.2 NAME GARY DAVIS
2.3 STREET ADDRESS 5811 PELICAN BAY BLVD, SUITE 102
2.4 CITY-ST-ZIP NAPLES, FL 34108TITLE D ☒ DELETE
NAME PRIOLETTI, MICHAEL J
STREET ADDRESS 5811 PELICAN BAY BLVD #102
CITY-ST-ZIP NAPLES FL 339633.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME GOODMAN, DAVID S
STREET ADDRESS 5811 PELICAN BAY BLVD #308
CITY-ST-ZIP NAPLES FL 339634.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GARLICK, THOMAS B
STREET ADDRESS 800 LAUREL OAKS DRIVE #400
CITY-ST-ZIP NAPLES FL 339635.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 8889 PELICAN BAY BLVD, SUITE 300
5.4 CITY-ST-ZIP 34108TITLE D ☒ DELETE
NAME DANIELS, MYRA J.
STREET ADDRESS 5833 PELICAN BAY BLVD.
CITY-ST-ZIP NAPLES FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/97 941-592-2460

Date Daytime Phone # 0059713

CR2E037 (9/96)