

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 # N95000001147 (6)

1. Corporation Name

RESIDENTIAL ASSOCIATION OF PELICAN LANDING, INC.

Residential Association, Inc.

Principal Place of Business

3750 LAKEMONT DR.  
BONITA SPRINGS FL 33923

Mailing Address

3750 LAKEMONT DR.  
BONITA SPRINGS FL 33923

U/C 11-30-95  
SG.



3. Date Incorporated or Qualified  
03/10/1995

3a. Date of Last Report

NA

2. Principal Place of Business

21 3720 Lakemont Dr.

2a. Mailing Address

26 P.O. Box 1101

4. FEI Number

65-0638310

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Bonita Springs

Suite, Apt. #, etc.

27 Bonita Springs, FL

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 FL

City & State

28 Bonita Springs, FL

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Zip

24 33923

Country

25 USA

Zip

29 33923

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARILLEY, RICHARD F  
3750 LAKEMONT DR.  
BONITA SPRINGS FL 33923

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

TITLE ☐ DELETE

NAME D  
COURY, OSWALD  
STREET ADDRESS 3570 LAKEMONT DR.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME D  
MARILLEY, RICHARD F  
STREET ADDRESS 3750 LAKEMONT DR.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME D  
DILLEY, DAVID R  
STREET ADDRESS 3720 LAKEMONT DR.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME D  
THOMPSON, DON  
STREET ADDRESS 3580 LAKEMONT DR.  
CITY-ST-ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 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: Richard F. Marilley, Richard F. Marilley

Date

Daytime Phone #

CR2E037 (12/95)