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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000003597 (0)

1. Corporation Name

THE RESIDENCES I AT PELICAN ISLE YACHT CLUB COND OMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
601 BAYSHORE BLVD. SUITE 960 TAMPA FL 33606	601 BAYSHORE BLVD. SUITE 960 TAMPA FL 33606-2761

3. Date Incorporated or Qualified: 07/28/1995
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: 886 110th Ave N #7

City & State — 23
City & State — 28: Naples Fl

Zip — 24; Country — 25
Zip — 29: 34108; Country — 30: Collier

4. FEI Number: 59-3347295 ☐ 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

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

9. Name and Address of Current Registered Agent

KUSSNER, STEPHEN L
SUITE 2100, ONE TAMPA CITY CENTER BLDG.
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name: Bryan J Warner
82 Street Address (P.O. Box Number is Not Acceptable): 886 110th Ave N #7
83
84 City: Naples **FL** 85 Zip Code: 34108

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] Bryan J Warner DATE: 4/7/97
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	~~VD~~	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	~~OELSCHLAEGER, EDWARD R~~		1.2 NAME	Tully Dawson	
STREET ADDRESS	~~601 BAYSHORE BLVD., SUITE 960~~		1.3 STREET ADDRESS	445 Dockside Dr. #	
CITY-ST-ZIP	~~TAMPA FL~~		1.4 CITY-ST-ZIP	Naples, Fl 34108	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, BRYAN		2.2 NAME		
STREET ADDRESS	13533 VANDERBILT DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, VALERIE		3.2 NAME		
STREET ADDRESS	13533 VANDERBILT DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: X [signature] Bryan Weber 4/7/97 941-514-8650