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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
*Secretary of State*
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003597**

1. Corporation Name

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

| Principal Place of Business | Mailing Address |
|---|---|
| 601 BAYSHORE BLVD.<br>SUITE 960<br>TAMPA FL 33606 | 601 BAYSHORE BLVD.<br>886 110TH AVE N #7<br>NAPLES FL 34108<br>US |

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 886 110th Ave N | 2a. Mailing Address<br>26 886 110th Ave N | 3. Date Incorporated or Qualifed<br>07/28/1995 |
| Suite, Apt. #, etc.<br>22 #7 | Suite, Apt. #, etc.<br>27 #7 | 4. FEI Number<br>59-3347295 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 Naples FL | City & State<br>28 Naples FL | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 34108 25 USA | Zip / Country<br>29 34108 30 USA | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

WAMER, BRYAN J
886 110TH AVE N
#7
NAPLES FL 34108

**10. Name and Address of New Registered Agent**

81 Name Bryan J Warner
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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DRS<br>DAWSON, TULLY<br>445 DOCKSIDE DR<br>NAPLES FL 34110 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | Mr. Gene Foster PD<br>President<br>445 Dockside Drive #202<br>Naples, Fl 34110 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NAVIN, LOU<br>0179 DIVIDE DR, BOX 5039<br>SNOWMASS VILLAGE CO 81615 | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Mr. John Lawrence D<br>Director<br>4949 Ridgewood<br>Richland, MI 49083 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>PENDLETON, JIM<br>11621 TOMAHAWK CREEK PKWY, APT F<br>LEAWOOD FL 66211 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP | Mr. Alvin Pofahl VPD<br>Vice President<br>425 Dockside Drive #403<br>Naples, Fl 34110 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Mrs. Suzanne Ring D<br>Director<br>425 Dockside Drive #705<br>Naples, Fl 34110 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** X SIGNATURE REQUIRED 1-13-99 617 941 2207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)