2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90470 001 ****17.57
05-03-2001 90470 002 ****17.11
05-03-2001 90470 003 ****26.57

DOCUMENT # N95000003597

1. Entity Name

THE RESIDENCES AT PELICAN ISLE YACHT CLUB CONDOM

Principal Place of Business	Mailing Address
886 1110 AVE N. STE 7 NAPLES FL 34108	886 1110 AVE N. STE 7 NAPLES FL 34108 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3347295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARNER, BRYAN J 886 110TH AVE N #7 NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DAWSON, TULLY 445 DOCKSIDE DR NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D DAWSON, TULLY 445 DOCKSIDE DR, #703 Naples, FL. 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, GENE 445 DOCKSIDE DR 202 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, GENE 435 DOCKSIDE DR; #401 Naples, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PENDLETON, JIM 11621 TOMAHAWK CREEK PKWY, APT F LEAWOOD FL 66211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D PENDLETON, JIM 11621 TOMAHAWK CREEK PKWY, APT F LEAWOOD, (KS) 66211	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REUSS, RITA 435 DOCKSIDE DR 1003 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RING, SUZANNE 425 DOCKSIDE DR 705 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Cooper, Robert 445 Dockside Dr, #501 Naples, FL. 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, SID 425 DOCKSIDE DR 502 NAPLES FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bothe, Stefan 425 Dockside Dr, #401 Naples, FL. 34110	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita P. Reuss 4/24/01 941-597-3869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #