2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000003597

FILED May 28, 2003 Secretary of State

Entity Name: THE RESIDENCES AT PELICAN ISLE YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	
VE N. STE 7 L 34108				
Current Mailing Address:			New Mailing Address:	
VE N. STE 7 L 34108 U	S			
59-3347295	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
BRYAN J AVE N				
L 34108 US				
named entity s of Florida.	submits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
RE:				
Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
DAWSON, TUL 445 DOCKSIDE	_Y : DR., # 703	Title: Name: Address: City-St-Zip:	() Change () Addition	
FOSTER, GENE 435 DOCKSIDE	E DR, #401	Title: Name: Address: City-St-Zip:	() Change () Addition	
PENDLETON, J 11621 TOMAHA	IM WK CREEK PKWY, APT F	Title: Name: Address: City-St-Zip:	() Change () Addition	
REUSS, RITA 435 DOCKSIDE	DR 1003	Title: Name: Address: City-St-Zip:	() Change () Addition	
BOTHE, STEFA 425 DOCKSIDE	N : DR #401	Title: Name: Address: City-St-Zip:	() Change () Addition	
COOPER, ROB 445 DOCKSIDE	ERT : DR., #501	Title: Name: Address: City-St-Zip:	() Change () Addition	
	VE N. STE 7 IL 34108 ailing Address VE N. STE 7 IL 34108 U 59-3347295 Address of C BRYAN J AVE N IL 34108 US named entity s of Florida. RE: Electron AND DIREC PD () DAWSON, TULI 445 DOCKSIDE NAPLES, FL 34 TD () POSTER, GENE 435 DOCKSIDE NAPLES, FL 34 TD () PENDLETON, J 11621 TOMAHA LEAWOOD, KS VD () REUSS, RITA 435 DOCKSIDE NAPLES, FL 34 D () BOTHE, STEFA 425 DOCKSIDE NAPLES, FL 34 SD () COOPER, ROB 445 DOCKSIDE NAPLES, FL 34 SD () COOPER, ROB 445 DOCKSIDE	Address: WE N. STE 7 IL 34108 Address: WE N. STE 7 IL 34108 US Sep-3347295 FEI Number Applied For () Address of Current Registered Agent: BRYAN J AVE N IL 34108 US named entity submits this statement for the proficition of Florida. RE: Electronic Signature of Registered Agents AND DIRECTORS: PD () Delete DAWSON, TULLY 445 DOCKSIDE DR, #703 NAPLES, FL 34110 D () Delete FOSTER, GENE 435 DOCKSIDE DR, #401 NAPLES, FL 34110 TD () Delete REUSS, RITA 435 DOCKSIDE DR 1003 NAPLES, FL 34110 D () Delete REUSS, RITA 435 DOCKSIDE DR 1003 NAPLES, FL 34110 D () Delete BOTHE, STEFAN 425 DOCKSIDE DR #401 NAPLES, FL 34110	WE N. STE 7 L 34108 ailling Address: WE N. STE 7 'L 34108 US 59-3347295 FEI Number Applied For () FEI Number Not Applicable () Address of Current Registered Agent: Name and Address BRYAN J AVE N 'L 34108 US named entity submits this statement for the purpose of changing its register of Florida. RE: Electronic Signature of Registered Agent SAND DIRECTORS: ADDITIONS/CHANG Address: City-St-Zip: D () Delete FOSTER, GENE 435 DOCKSIDE DR, #401 NAPLES, FL 34110 D () Delete PENDLETON, JIM 11821 TOMAHAWK CREEK PKWY, APT F LEAWOOD, KS 66211 VD () Delete RUSS, RITA 435 DOCKSIDE DR 1003 NAPLES, FL 34110 D () Delete RUSS, RITA 435 DOCKSIDE DR 1003 NAPLES, FL 34110 City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: COOPER, ROBERT Address: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: COOPER, ROBERT Address: CITY-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN J. WARNER SD 05/28/2003

BRYAN J. WARNER SEC PRO TEMP 886 110TH AVE N. #7 NAPLES, FL 34108