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05-03-1999 90043 040 ****61.25

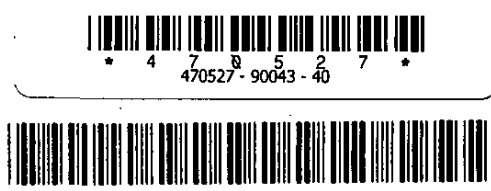
04/03/01

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004347

1. Corporation Name
COSTA DEL SOL AT PELICAN LANDING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 123 NW 13TH ST SUITE 300 BOCA RATON FL 33432	Mailing Address 123 NW 13TH ST SUITE 300 BOCA RATON FL 33432
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2. Principal Place of Business 21 11920 FAIRWAY LAKES DR	2a. Mailing Address 26 11920 FAIRWAY LAKES DR	3. Date Incorporated or Qualified 09/08/1995
22 Suite, Apt. #, etc. #2	27 Suite, Apt. #, etc. #2	4. FEI Number 65-0696337
23 City & State Fort Myers, FL	28 City & State Fort Myers FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33913	25 Country USA	29 Zip 33913
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KNEEN, JEFFEREY D 1400 CENTREPARK BOULEVARD SUITE 1000 WEST PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name DICKINSON MANAGEMENT INC 82 Street Address (P.O. Box Number is Not Acceptable) 11920 FAIRWAY LAKES DR. #2 83 84 City Fort Myers FL
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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: *Charles H. Vaughn* **CHARLES H. VAUGHN, PROP. MGR.** DATE: **4/27/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLF, ROBERT S 123 NW 13TH ST SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP WILSON, SAMUAL J. 3447 MARBELLA CT. BONITA SPRINGS, FL. 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ENGELSTEIN, HARRY 123 NW 13TH ST SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DV CHECK, RICHARD 3468 MARBELLA CT. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LYNNE, GAUDET 123 NW 13TH ST SUITE 300 BOCA RATON FL 33432 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DST MENAMARA, JULIANNE 3406 MARBELLA CT. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (11/98)