

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90199 047 ****61.25

DOCUMENT # N95000004347
 1. Entity Name
COSTA DEL SOL AT PELICAN LANDING CONDOMINIUM ASS

Principal Place of Business 11920 FAIRWAY LAKES DR #2 FORT MYERS FL 33913 US	Mailing Address 11920 FAIRWAY LAKES DR #2 FORT MYERS FL 33913-6021 US
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2. Principal Place of Business Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908	3. Mailing Address Pegasus Property Mgmt. 17595 S. Tamiami, #200-2 Fort Myers, FL 33908
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Zip	Country	Zip	Country
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4. FEI Number **65-0696337** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DICKINSON MANAGEMENT INC
11920 FAIRWAY LAKES DR
#2
FT MYERS FL 33913

7. Name and Address of New Registered Agent
 Name: Pegasus Property Mgmt. (Acceptable)
 17595 S. Tamiami, #200-2
 Fort Myers, FL 33908
 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: *Barbara J. Dalton* DATE: **4-24-00**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE: DP NAME: WILSON, SAMUEL J STREET ADDRESS: 3447 MARBELLA CT CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE: DV NAME: CHECK, RICHARD STREET ADDRESS: 3468 MARBELLA CT CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE: DST NAME: MENAMARA, JULIANNE STREET ADDRESS: 3406 MARBELLA CT CITY-ST-ZIP: BONITA SPRINGS FL 34134	Delete <input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	Delete <input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	Delete <input type="checkbox"/>
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: WILLIAM AUSTIN STREET ADDRESS: 3413 MARBELLA COURT CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: JOHN MCNAMARA STREET ADDRESS: 3406 MARBELLA COURT CITY-ST-ZIP: BONITA SPRINGS, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: MC NAMARA STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Stomatis* DATE: **4-28-00** 941-454-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)