

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0004781

**DOCUMENT # N95000004347**

05-03-2001 90039 012 \*\*\*\*61.25

1. Entity Name

**COSTA DEL SOL AT PELICAN LANDING CONDOMINIUM ASS**

Principal Place of Business

Mailing Address

PEGASUS PROPERTY MGMT  
 17595 S TAMiami 200 2  
 FORT MYERS FL 33908  
 US

PEGASUS PROPERTY MGMT  
 17595 S TAMiami 200 2  
 FORT MYERS FL 33908  
 US

2. Principal Place of Business

*TRAIL*

3. Mailing Address

*TRAIL*

Suite, Apt. #, etc.

*#100*

Suite, Apt. #, etc.

*#100*

City & State

City & State

4. FEI Number

**65-0696337**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PEGASUS PROPERTY MGMT  
 17595 S TAMiami 200 2  
 FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*17595 S. TAMiami TRAIL, #100*

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 A. Johnson, CAM BARBARA A JOHNSON*

*4-25-01*

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	DST	<input checked="" type="checkbox"/> Delete
NAME	MCNAMARA, JOHN	
STREET ADDRESS	3406 MARBELLA CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AUSTIN, WILLIAM	
STREET ADDRESS	3413 MARBELLA CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCNAMARA, JOHN	
STREET ADDRESS	3406 MARBELLA CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAROTTE, BRIDGET	
STREET ADDRESS	3422 MARBELLA COURT	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *William H. Austin (William H. Austin)* 4/25/01 (941) 948-1508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)