

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 032 \*\*\*\*61.25

<b>DOCUMENT # N95000004347</b>	
1. Entity Name COSTA DEL SOL AT PELICAN LANDING CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business PEGASUS PROPERTY MGMT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US	Mailing Address PEGASUS PROPERTY MGMT 17595 S TAMiami TRAIL #100 FORT MYERS, FL 33908 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03022005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PEGASUS PROPERTY MGMT 17595 S TAMiami TRAIL, #100 FORT MYERS, FL 33908		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

4. FEI Number 65-0696337	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCAULEY, FRED 25406 ALICANTE DR. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCANLON, BOB 3444 MARBELLA CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, MORTON 25405 ALICANTE DR. BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETTIG, RON 3403 MARBELLA COURT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCANLON, MARY 3444 MARBELLA CT. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIMES, MICHAEL 3418 MARBELLA CT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHYLLIS JOHNSTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25402 ALICANTE DRIVE BONITA SPS. FL 34134 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARFIELD, MARY 3417 MARBELLA CT. BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" 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: Frederic S. McAuley 4/23/05 239-498-5110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #