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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004464 (1)

1. Corporation Name

THE MARBELLA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7315 PELICAN BAY BLVD.  
NAPLES FL 34108

7315 PELICAN BAY BLVD.  
NAPLES FL 34108-7515

3. Date Incorporated or Qualified  
08/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

59-3407400

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

25

Country

29

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASTINGS, WMEN N  
801 LAUREL OAK DRIVE, SUITE 500  
NAPLES FL 34108

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME DP  
PAGE, GEORGE R  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 102  
CITY-ST-ZIP NAPLES FL 34108

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME DVS  
BUCKMAN, SUSAN D PHD  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 102  
CITY-ST-ZIP NAPLES FL 34108

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME DV  
HANLON, CHRISTOPHER J  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 102  
CITY-ST-ZIP NAPLES FL 34108

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME T  
RIVERA, CARLOS A  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 102  
CITY-ST-ZIP NAPLES FL 34108

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Christopher J. Hanlon, Vice President

1/29/97

(941) 597-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone # 009828

CR2E037 (9/96)