

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004464 (1)
1. Corporation Name
THE MARBELLA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 7315 PELICAN BAY BLVD. NAPLES FL 34108	Mailing Address 7315 PELICAN BAY BLVD. NAPLES FL 34108
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21 Principal Place of Business	2a Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip	Zip
25 Country	30 Country

3. Date Incorporated or Qualified 08/23/1996		
4. FEI Number 59-3407400	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Vivien N. Hastings	
82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive	
83 Suite Suite 300	
84 City Bonita Springs	85 Zip Code FL 34134

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 *Vivien Hastings* **2/23/98** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PAGE, GEORGE R 801 LAUREL OAK DRIVE, SUITE 102 NAPLES FL 34108 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS BUCKMAN, SUSAN D PHD 801 LAUREL OAK DRIVE, SUITE 102 NAPLES FL 34108 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HANLON, CHRISTOPHER J 801 LAUREL OAK DRIVE, SUITE 102 NAPLES FL 34108 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIVERA, CARLOS A 801 LAUREL OAK DRIVE, SUITE 102 NAPLES FL 34108 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVS Dwight Thomas 24301 Walden Center Drive Bonita Springs, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Melanie M. Himrod 24301 Walden Center Drive Bonita Springs, FL 34134
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 788882472867 -03/31/98--01017--032 ***428.75

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.

SIGNATURE: *Christopher J. Hanlon* **2/23/98** (941) 947 3600
Christopher J. Hanlon, Vice President

CP2E037 (10/97)