

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7315 PELICAN BAY BLVD. NAPLES FL 34108</b>	Mailing Address <b>7315 PELICAN BAY BLVD. NAPLES FL 34108</b>
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<b>21</b> Principal Place of Business	<b>2a</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Zip
<b>25</b> Country	<b>30</b> Country

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

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

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

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

**780002472867**  
**-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)