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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000004914 (5)

1. Corporation Name

THE RESIDENCES II AT PELICAN ISLE YACHT CLUB CON  
DOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

601 BAYSHORE BLVD  
SUITE 960  
TAMPA FL 33606

601 BAYSHORE BLVD  
SUITE 960  
TAMPA FL 33606-2761

3. Date Incorporated or Qualified  
09/20/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 886 110th Ave N #7  
Suite, Apt. #, etc.

22 City & State

27 Naples  
City & State

23 Zip

Country

28 FI  
Zip

Country

24

25

29 34108

30 Collier

4. FEI Number

Applied For

59-3407078

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUSSNER, STEPHEN L  
ONE TAMPA CITY CENTER BLDG  
SUITE 2100  
TAMPA FL 33601

81 Name Bryan J Warner

82 Street Address (P.O. Box Number is Not Acceptable)  
886 110th Ave N #7

83

84 City Naples

FL

85 Zip Code 34108

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, 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 I 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)

4/7/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME COLLINS, VALERIE  
STREET ADDRESS 601 BAYSHORE BLVD SUITE 960  
CITY-ST-ZIP TAMPA FL 33606

1.2 NAME John Lawrence  
1.3 STREET ADDRESS 435 Dockside Dr # 801  
1.4 CITY-ST-ZIP Naples FL 34110

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WEBER, BRYAN  
STREET ADDRESS 601 BAYSHORE BLVD SUITE 960  
CITY-ST-ZIP TAMPA FL 33606

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME TALLMAN, JAY  
STREET ADDRESS 601 BAYSHORE BLVD SUITE 960  
CITY-ST-ZIP TAMPA FL 33606

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME MARTIN, VALERIE  
STREET ADDRESS 601 BAYSHORE BLVD SUITE 960  
CITY-ST-ZIP TAMPA FL 33606

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 as an attachment with an address.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047352

CR2E037 (9/96)