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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

Principal Place of Business

PELICAN MARSH BOULEVARD

N96000005158 (8)

Mailing Address

PELICAN MARSH BOULEVARD

RAVENNA AT PELICAN MARSH II CONDOMINIUM ASSOCIAT ION, INC.

NAPLES FL 33963 NAPLES FL 33963 3. Date incorporated or Qualified 3a. Date of Last Report 10/08/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For -0701140 2786 West(26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be IRPIK 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ATHAN, G. HELEN 82 5551 RIDGEWOOD DRIVE 83 SUITE 501 NAPLES FL 33963 64 City aplas ors 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered on the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered on the obligation of Section 617.0503, Florida Statutes. 11. Pursuant to the provisions of Section registered agent, or b agent. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITE Addition 1.1 TITLE CORACE, RICHARD F NAME 1.2 NAME 5551 RIDGEWOOD DR STE 203 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33963 CITY - ST - ZIP 1.4 CITY-ST-ZIP __ DELETE Change ☐ Addition TITLE 2.1 TITLE GRIFFIN, GERALD F NAME 22 NAME 5551 RIDGEWOOD DR STE 203 23 STREET ADDRESS STREET ADDRESS NAPLES FL 33963 CITY-ST-ZIP 2.4 CITY-ST-ZIP ... DELETE Change Addition TITLE 3.1 TITLE D SHARPE, KEITH A NAME 3.2 NAME 5551 RIDGEWOOD DR STE 203 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 33963 CITY-ST-ZIP 3.4. CITY-ST-ZIP

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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.

41 TITLE

4 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

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NAME

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Feb 20 1997 8:00am

Secretary of State