FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000005158 (8)

| RAVENNA AT PELICAN MARSH II CONDOMINIUM ASSOCIAT ION, INC. | | | | | | | | | | | | | |
|--|-----------------------|---|--|---|-----------------------------|--------------------|---------------------------------------|------------------|--------------------------------|-----------------------------------|-----------------------------------|-------------------|--------------------------------|
| Principal Plac | ce of Business | Ma | Mailing Address | | | | | t indistri di | 0 18118 BIFIL BBIFF 0 8 | LEA MAKAL AMANI I | | I BILAN IBII NABI | |
| Pelican Mar Naples FL 33 | ish Boulevard 3963 | | 2786 WEST CROWN POINTE BLVD NAPLES FL 34112 US | | | L | 10/08/1 10/08/1 | 1996 | d | | Applied For | | |
| 2. Principal F | Place of Busines | SS | | 2a. Malling Address | | | | 5 | 65-070 6. Certificate of 3 | | | \$8.75 | Additional |
| Suite, Apt. | . #, etc. | | | Suite, Apt. #, etc. | | | | 6 | i. Election Camp | | | \$5.00 | Required May Be to Fees |
| City & Stai | te | | | City & State | | | 7 | . Is this nonpro | | homeowne | | | |
| Zip 24 | 26 | Country | 29 | Zip | 30 Co | untry | | 8 | This corporati | on owes or has erty Tax due Ju | paid the cu | urrent year In | ntangible |
| | 9. Name ar | nd Address of Curr | ent Registe | ered Agent | | | | 10 | . Name and Ad | | | Agent | |
| | | | | | | 81 | Name | | | | | | |
| ROGER 2786-W SUITE 1 NAPLES | | | 82 83 | | | P.O. Box Numb | er is Not Accep | table) | | | | | |
| 11. Pursuant office or r | to the provision | ns of Sections 617.0 it, or both, in the Sta and accept the obl | 502 and 61 te of Florida | 7.1508, Florida Stat a. Such change wa | tutes, the a s authorize | | · · · · · · · · · · · · · · · · · · · | corporation's | on submits this a | statement for the | FL e purpose o cept the app | | its registered s registered |
| SIGNATURE . | | | | | | | | | | | | | |
| 12. | Signiture, typed or j | printed name of registered a OFFICERS A | | | OTE: Registere | o Age | nt signature re | | on reinstating) ADDITIONS/CH | ANICEC TO OF | DATE | D DIDEOTOI | 50 111 40 |
| TITLE | Ď | OH IOLIO | UND DITEOT | DELETE | 1.1 70 | TI F | | | ADDITIONS/CH | ANGES TO OF | ICENS AIVI | Change | Addition |
| NAME | ; | RICHARD F | | | 1.2 N | | ľ | | | | | C Change | |
| STREET ADDRESS | | SEWOOD DR STE | 203 | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP NAPLES FL 33963 | | | | | | | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | D | | | ☐ DELET E | 2.1 TI | | | | | | | Change | Addition |
| NAME | GRIFFIN, O | GERALD F | | | 2.2 N | AME | | | | | | • | _ |
| STREET ADDRESS | | | | 03 | | | 2.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | <u>Naples f</u> | L 33963 | | | | | T-ZIP | | | | | | ı |
| TITLE | D | | | DELETE | 3.1 TI | TLE | | | | | | Change | Addition |
| NAME | SHARPE, I | | | | 3.2 N | AME | | | | | | | |
| STREET ADDRESS | | EWOOD DR STE | 203 | | 3.3 ST | REET | ADDRESS | | | | | | |
| CITY-ST-ZIP | NAPLES F | L 33963 | | F-1 | 3.4. C | | T-ZIP | | | | | | |
| TITLE | | | | ☐ DELETE | 4,1 Ti | LLE | | | | | | Change | Addition |
| NAME | | | | | 4.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | | 4.3 ST | 4.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | · | | l perere | 4.4 CI | | -ZIP | | | | | | |
| TITLE | | | | DELETE | 5.1 Tr | | | | | | | LI Change | Addition . |
| NAME | | | | | 5.2 N | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | - | | | ☐ DELE TE | 5.4 Cf | | -ZIP | | | A | | T 65 | A - 1741 |
| TITLE | | | | ET DETELE | 6.1 TIT | | 1 | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | | | 6.2 NA | | | | | | | | |
| STREET ADDRESS | \ | | | | | REET A | ADDRESS | | | | | | į |

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 receiper or trusted 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.

FILED

Mar 16 1998 8:00am

Secretary of State