FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

N96000005202 (4)

PELICAN ISLE YACHT MEMBERSHIP, INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1997 8:00am Secretary of State



410 DOCKSIDE DRIVE NAPLES FL 34110 410 DOCKSIDE DRIVE NAPLES FL 34110 APPLES FL 34110-3600						
				3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last F	Report
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	A A	pplied For
21		26		59-34075	78 N	ot Applicable
Suite, Apt	t #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00	May Be
7:0	Country	28 Zip	Country	Trust Fund Contribution		to Fees
Zip 24	25		30	This corporation has liability for Florida Statutes	intangible tax under s Yes \tag{\tag{No}}	s. 199.032,
:41	9. Name and Address of Cur		30]	10. Name and Address of New Re		
			81 Name			
WEBE	R, BRYAN L		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
8889 F	Pelican Bay Blvd.					
SUITE 302			83			
NAPLE	S FL 34108		84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip	Code
11. Pursuan	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statute	s, the above-named co	rporation submits this statement for the p	ourpose of changing	its registere
office or	registered agent, or both, in the St am familiar with, and accept the ob-	ate of Florida. Such change was a	uthorized by the corpora	ation's board of directors. I hereby accep	of the appointment as	registered
SIGNATURE		ga				
SIGNATORE	Signature typed or printed name of registered	agent and title if applicable (NOTE	Registered Agent signature requ		DATE	
12.	T	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	D OFFICIAL AFORD EDWAD	☐ DELETE	1.1 TITLE		Change	L. Additio
NAME	OELSCHLAEGER, EDWAR 601 BAYSHORE BLVD, ST		1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33611	F 900	1.3 STREET ADDRESS 1.4 City-St-Zip			
THILE	D	DELETE	2.1 TITLE		☐ Change	Additio
NAME	WEBER, BRYAN L		2.2 NAME			
STREET ADDRESS		STE 302	2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP			···
TITLE	D DOLL THE PORTOR	DELETE	3.1 TITLE		☐ Change	☐ Additio
NAME	COLLINS, ROBERT S	OTE ann	3.2 NAME			
STREET ADDRESS	8889 PELICAN BAY BLVD NAPLES FL 34108	316 302	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP	TWILE I L STILL	DELETE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY-ST-ZIP			4.4 CITY - ST - ZIP	·		
TITLE		DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS	5		5.3 STREET ADDRESS			٠
CITY-ST-ZIP			5.4 CITY-\$T-ZIP	· .	T AL	1 4 4 4 7 7
TITLE		☐ DELETE	6.1 TITLE		L Change	Addition
NAME PERFECT APPROVES			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	•*		
CHTY-ST-ZIP	shy partify that the information gune	lied with this files does not qualify	6.4 CITY-ST-ZIP	nd in Section 150 07/2Vi). Florida Statute	a I I ada a a a a a di a di a	1 100

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 employered 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 a address.