

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006271 (8)
1. Corporation Name
THE COLONY AT PELICAN LANDING FOUNDATION, INC.



Principal Place of Business 24820 BURNT PINE DRIVE BONITA SPRINGS FL 34134	Mailing Address 24820 BURNT PINE DRIVE BONITA SPRINGS FL 34134
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3. Date Incorporated or Qualified
12/10/1996

4. FEI Number
59-3419224

Applied For
Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
HASTINGS, VIVIEN N ESQ.
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name
Vivien N. Hastings

82 Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive

83 Suite 300

84 City
Bonita Springs FL

85 Zip Code
34134

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	GRABNER, ROBERT	1.1 TITLE DP	Katherine C. Green
NAME	24820 BURNT PINE DRIVE	1.2 NAME	24301 Walden Center Drive
STREET ADDRESS	BONITA SPRINGS FL 34134	1.3 STREET ADDRESS	Bonita Springs, FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VS	HASTINGS, VIVIEN N	2.1 TITLE	24301 Walden Center Drive
NAME	24820 BURNT PINE DRIVE	2.2 NAME	Bonita Springs, FL
STREET ADDRESS	BONITA SPRINGS FL 34134	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE VST	CARLSON, ALICE J	3.1 TITLE	Steven C. Adelman
NAME	24820 BURNT PINE DRIVE	3.2 NAME	24301 Walden Center Drive
STREET ADDRESS	BONITA SPRINGS FL 34134	3.3 STREET ADDRESS	Bonita Springs, FL
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	PAGE, GEORGE R	4.1 TITLE	24301 Walden Center Drive
NAME	24820 BURNT PINE DRIVE	4.2 NAME	Bonita Springs, FL
STREET ADDRESS	BONITA SPRINGS FL 34134	4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE D	SCHMOYER, JERRY	5.1 TITLE	24301 Walden Center Drive
NAME	24820 BURNT PINE DRIVE	5.2 NAME	Bonita Springs, FL
STREET ADDRESS	BONITA SPRINGS FL 34134	5.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

Vivien N. Hastings, Secretary

SIGNATURE: *Vivien Hastings* 2/23/98 (941) 947-2600

CF2E037 (10/97)