


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 MAY -4 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006271 1. Entity Name THE COLONY AT PELICAN LANDING FOUNDATION, INC.	
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Principal Place of Business 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	Mailing Address 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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04212006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3419224		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		
7. Name and Address of New Registered Agent		
Name		Street Address (P.O. Box Number is Not Acceptable)
City		FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

05/23/06--01006--015 **\$61.25

SIGNATURE _____ DATE _____

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP JOHANSSON, STEFAN O <input checked="" type="checkbox"/> Delete	TITLE	DP DRUMMOND, PAUL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24301 WALDEN CENTER DRIVE	NAME	24301 WALDEN CENTER DRIVE
STREET ADDRESS	BONITA SPRINGS, FL 34134	STREET ADDRESS	BONITA SPRINGS, FL 34134
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcianne Tiebout-Touren Date: 4/21/06 Daytime Phone #: 239 947 2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/06