
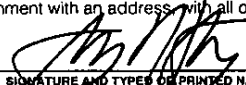


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90029 042 ****61.25

DOCUMENT # N96000006271					
1. Entity Name THE COLONY AT PELICAN LANDING FOUNDATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3419224	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HJORTAAS, ANDREW	NAME	Hjortaa s, Andrew		
STREET ADDRESS	24301 WALDEN CENTER	STREET ADDRESS	24301 Walden Center Dr.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	DST <input type="checkbox"/> Delete	TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIEBOU-TOUREN, MARCIENNE	NAME	Tiebout-Touren, Marcienne		
STREET ADDRESS	24301 WALDEN CENTER	STREET ADDRESS	24301 Walden Center		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Robert W. Radunz		
STREET ADDRESS		STREET ADDRESS	4101 Pelican Colony Blvd.		
CITY-ST-ZIP		CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	<input type="checkbox"/> Delete	TITLE	ASST TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	GLENN D. STEIL		
STREET ADDRESS		STREET ADDRESS	23190 TUSCANY WAY		
CITY-ST-ZIP		CITY-ST-ZIP	BONITA SPRINGS FLA 34134		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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: 		Date: 3-26-08		Daytime Phone #	