
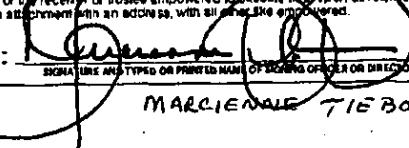


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**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

55031439

|  |  |   |                                |   |
|--|--|---|--------------------------------|---|
| DOCUMENT # N9600006271   |  |    |                                |   |
| 1. Entity Name<br>THE COLONY AT PELICAN LANDING FOUNDATION, INC.   |  |   |                                |   |
| Principal Place of Business<br>24301 WALDEN CENTER DR<br>BONITA SPRINGS, FL 34134  |  | Mailing Address<br>24301 WALDEN CENTER DR<br>BONITA SPRINGS, FL 34134               |                                |   |
| 2. Principal Place of Business   |  | 3. Mailing Address  |                                |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                                |   |
| City & State   |  | City & State  |                                |   |
| Zip  | Country  | Zip   | Country                        |   |
| 6. Name and Address of Current Registered Agent<br>HASTINGS, VIVIEN N<br>24301 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134   |  | 7. Name and Address of New Registered Agent   |                                |   |
| Name   |  | Name  |                                |   |
| Street Address (P.O. Box Number is Not Acceptable)   |  | 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.  |  |   |                                |   |
| SIGNATURE  |  | DATE  |                                |   |
| Signature (typed or printed name of registered agent and with applicable)  |  | NOTE: Registered Agent's signature required when a new one is used                  |                                |   |
| FILE NOW! FEE IS \$81.25   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |   |
|  |  | Make Check Payable to<br>Florida Department of State                                |                                |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |                                |   |
| TITLE  | DV<br>JOHANSSON, STEFAN O<br>24301 WALDEN CENTER DRIVE<br>BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete   | TITLE                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME   |  |   | NAME                           |   |
| STREET ADDRESS   |  |   | STREET ADDRESS                 |   |
| CITY-STATE-ZIP   |  |   | CITY-STATE-ZIP                 |   |
| TITLE  | DP<br>HANLON, CHRIS<br>24301 WALDEN CENTER<br>BONITA SPRINGS, FL 34134             | <input checked="" type="checkbox"/> Delete  | TITLE                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME   |  |   | NAME                           |   |
| STREET ADDRESS   |  |   | STREET ADDRESS                 |   |
| CITY-STATE-ZIP   |  |   | CITY-STATE-ZIP                 |   |
| TITLE  | S<br>ANJONTAAS, ANDREW<br>24301 WALDEN CENTER<br>BONITA SPRINGS, FL 34134          | <input type="checkbox"/> Delete   | TITLE                          | SD<br>HJORTAAS, ANDREW<br>24301 WALDEN CENTER DR.<br>BONITA SPRINGS, FL 34134 |
| NAME   |  |   | NAME                           |   |
| STREET ADDRESS   |  |   | STREET ADDRESS                 |   |
| CITY-STATE-ZIP   |  |   | CITY-STATE-ZIP                 |   |
| TITLE  | T<br>TIEBOUT-TOUREN, MARCIENNE<br>24301 WALDEN CENTER<br>BONITA SPRINGS, FL 34134  | <input type="checkbox"/> Delete   | TITLE                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME   |  |   | NAME                           |   |
| STREET ADDRESS   |  |   | STREET ADDRESS                 |   |
| CITY-STATE-ZIP   |  |   | CITY-STATE-ZIP                 |   |
| TITLE  |  | <input type="checkbox"/> Delete   | TITLE                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME   |  |   | NAME                           |   |
| STREET ADDRESS   |  |   | STREET ADDRESS                 |   |
| CITY-STATE-ZIP   |  |   | CITY-STATE-ZIP                 |   |
| TITLE  |  | <input type="checkbox"/> Delete   | TITLE                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition             |
| NAME   |  |   | NAME                           |   |
| STREET ADDRESS   |  |   | STREET ADDRESS                 |   |
| CITY-STATE-ZIP   |  |   | CITY-STATE-ZIP                 |   |
| 12. 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 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 that the same empowered. |  |   |                                |   |
| SIGNATURE:    |  | 4-10-03 239-947-2600  |                                |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR   |  | Date  |                                |   |
| MARCIENNE TIEBOUT-TOUREN   |  |   |                                |   |

CRE037 (10/02)