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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006304 (7)

1. Corporation Name
THE CORONADO AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 7225 PELICAN BAY BLVD. NAPLES FL 34108
Mailing Address: 7225 PELICAN BAY BLVD. NAPLES FL 34108

3. Date Incorporated or Qualified: 12/09/1996
3a. Date of Last Report

2. Principal Place of Business: 21
2a. Mailing Address: 26 801 Laurel Oak Drive
Suite, Apt. #, etc.: 22 Suite 500
City & State: 23 Naples, FL
Zip: 24 34108 Country: 25
Country: 29

4. FEI Number: Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for PD PAGE, GEORGE R and VPD DALY, MICHAEL R.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I do 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 Hastings, Secretary 3/25/97 (041) 507-6061

CR2E037 (9/96)