


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 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 # **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 801 LAUREL OAK DR SUITE 500 NAPLES FL 34108 US
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3. Date Incorporated or Qualified 12/09/1996	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0729864		

2. Principal Place of Business 21 24301 Walden Center Drive Suite, Apt. #, etc. 22 Suite 300 City & State 23 Bonita Springs, FL Zip 24 34134	2a. Mailing Address 26 24301 Walden Center Drive Suite, Apt. #, etc. 27 Suite 300 City & State 28 Bonita Springs, FL Zip 29 34134	Country 25 USA	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HASTINGS, VIVIEN N 801 LAUREL OAK DR. SUITE 500 NAPLES FL 34108	
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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	85 Zip Code FL 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* 3/4/98
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	NAME PAGE, GEORGE R	<input type="checkbox"/> DELETE	
STREET ADDRESS 801 LAUREL OAK DR., SUITE 102	CITY-ST-ZIP NAPLES FL 34108		
TITLE VPD	NAME DALY, MICHAEL R	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 801 LAUREL OAK DR., SUITE 102	CITY-ST-ZIP NAPLES FL 34108		
TITLE TD	NAME RIVERA, CARLOS A	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS 801 LAUREL OAK DR., SUITE 102	CITY-ST-ZIP NAPLES FL 34108		
TITLE S	NAME HASTINGS, VIVIEN N	<input type="checkbox"/> DELETE	
STREET ADDRESS 801 LAUREL OAK DR., SUITE 102	CITY-ST-ZIP NAPLES FL 34108		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE	
STREET ADDRESS	CITY-ST-ZIP		

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS 24301 Walden Center Drive	
1.4 CITY-ST-ZIP Bonita Springs, FL 34134	
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME Randy A. Park	
2.3 STREET ADDRESS 24301 Walden Center Drive	
2.4 CITY-ST-ZIP Bonita Springs, FL 34134	
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME Melanie M. Himrod	
3.3 STREET ADDRESS 24301 Walden Center Drive	
3.4 CITY-ST-ZIP Bonita Springs, FL 34134	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS 24301 Walden Center Drive	
4.4 CITY-ST-ZIP Bonita Springs, FL 34134	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS 000002472870	
6.4 CITY-ST-ZIP -03/31/98--01017--032	
	***428.75

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.

SIGNATURE: *Melanie M. Himrod* 3/4/98 (941) 947-2600

CR2E037 (10/97)