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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003368**

1. Corporation Name
AUGUSTA AT PELICAN MARSH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5551 RIDGEWOOD DRIVE SUITE 203 NAPLES FL 34108	5551 RIDGEWOOD DRIVE SUITE 203 NAPLES FL 34108

2. Principal Place of Business
21 Address: 3838 Tamiami Tr. N.
22 Suite, Apt. #, etc.: Suite 300
23 City & State: Naples, FL
24 Zip: 34103 25 Country: USA

2a. Mailing Address
26 Address: 3838 Tamiami Tr. N.
27 Suite, Apt. #, etc.: Suite 300
28 City & State: Naples, FL
29 Zip: 34103 30 Country: USA

3. Date Incorporated or Qualifed: 06/11/1997

4. FEI Number: 59-3451542 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ATHAN, G. HELEN
5551 RIDGEWOOD DRIVE SUITE 203
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name: Kenneth D. Goodman
82 Street Address (P.O. Box Number is Not Acceptable): 3838 Tamiami Tr. N.
83: Suite 300
84 City: Naples **FL** 85 Zip Code: 34103

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: Kenneth D. Goodman — 3/19/99
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	☒ DELETE	1.1 TITLE	D,P,S,T	☒ Change ☐ Addition
NAME	CORACE, RICHARD F		1.2 NAME	Kenneth D. Goodman	
STREET ADDRESS	5551 RIDGEWOOD DRIVE SUITE 203		1.3 STREET ADDRESS	3838 Tamiami Tr. N., Suite 300	
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-ST-ZIP	Naples, FL 34103	
TITLE	VSD	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GRIFFIN, GERALD F II		2.2 NAME	E.A. Smith	
STREET ADDRESS	5551 RIDGEWOOD DRIVE SUITE 203		2.3 STREET ADDRESS	356 Cromwell Court	
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP	Naples, FL 34108	
TITLE	VTD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	SHARPE, KEITH A		3.2 NAME	Paul B. Waine	
STREET ADDRESS	5551 RIDGEWOOD DRIVE SUITE 203		3.3 STREET ADDRESS	280 S. Collier Blvd., #802	
CITY-ST-ZIP	NAPLES FL 34108		3.4 CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kenneth D. Goodman — 3/19/99 — 941-403-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #