2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005843

1. Entity Name

PELICAN WAY CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90177 032 ****61.25

Principal Place of Business	Mailing Address
2020 CLUBHOUSE DR. SUN CITY CENTER FL 33523	2020 CLUBHOUSE DR. SUN CITY CENTER FL 33573-5914

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24301 Walden Center Drive	24301 Walden Center Drive
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

4. FEI Number: 59-3550358 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GREENE, ROBERT E C/O FLORIDA LIFESTYLE MANAGEMENT 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33523	JAMES D. CULLEN 24301 WALDEN CENTER DRIVE BONITA SPRINGS FL 34134

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.

SIGNATURE: James D Cullen JAMES D. CULLEN 4/10/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEYER, R.C. JR 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33523	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLTON, PAULA 4079 Cape Cole Blvd. PUNTA GORDA, FL 33955	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLTON, PAULINE 4079 CAPE COLE BLVD. PUNTA GORDA FL 33955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REX HUGHES 4075 Cape Cole Blvd. PUNTA GORDA, FL 33955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BUCKLER, JACKIE 2020 CLUBHOUSE DR. SUN CITY CENTER FL 33523	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FOWLER, IAN 4083 CAPE COLE BLVD. PUNTA GORDA, FL 33955	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 other like empowered.

SIGNATURE: Paula Allton JR Paula Allton 3/7/2000 (941) 639-6038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #