

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005843

1. Entity Name

PELICAN WAY CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90156 018 ****61.25

0073167

Principal Place of Business

24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR
STE 300
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

4. FEI Number **59-3550358**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CULLEN, JAMES
24301 WALDEN CENTER DR
BONITA SPRINGS FL 34134

Name

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.

SIGNATURE

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
ALLTON, PAULA
4079 CAPE COLE BLVD
PUNTA GORDA FL 33955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HUGHES, REX
4075 CAPE COLE BLVD
PUNTA GORDA FL 33955 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
James Long
4099 CAPE COLE BLVD
PUNTA GORDA FL - 33955 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
FOWLER, IAN
4083 CAPE COLE BLVD
PUNTA GORDA FL 33955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Patricia Allen
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01

941-639-6038

Date

Daytime Phone #

CR2E037 (10/00)