2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90671 037 ****61.25

0049902

DOCUMENT # N98000005843

1. Entity Name

PELICAN WAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DR STE 300 BONITA SPRINGS FL 34134	24301 WALDEN CENTER DR STE 300 BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15510 Burnt Store Rd.	15510 Burnt Store Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State: Punta Gorda, FL
Zip: 33955 Country: U.S.A.	Zip: 33955 Country: U.S.A.

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
CULLEN, JAMES 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	Name: ALAN WHITE Street Address (P.O. Box Number is Not Acceptable): 15510 Burnt Store Road City: Punta Gorda FL Zip Code: 33955

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 _____ 3/13/02
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	STD FOWLER, IAN 4083 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 LONG, JAMES 4099 CAPE COLE BLVD PUNTA GORDA FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONG, JAMES 4099 CAPE COLE BLVD PUNTA GORDA, FL 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEMON, MICHAEL 4119 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

CR2E037 (9/01)

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: SIGNATURE REQUIRED 3-13-02 637-5762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #