

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069144 (0)**

1. Corporation Name

**PELICAN SOUND GOLF & RIVER CLUB, INC.**



Principal Place of Business <b>801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108</b>	Mailing Address <b>801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 24301 Walden Center Drive</b> Suite, Apt. #, etc. <b>22 Suite 300</b> City & State <b>23 Bonita Springs, FL</b> Zip <b>24 34134</b>	2a. Mailing Address <b>26 24301 Walden Center Drive</b> Suite, Apt. #, etc. <b>27 Suite 300</b> City & State <b>28 Bonita Springs, FL</b> Zip <b>29 34134</b> Country <b>25 USA</b>
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3. Date Incorporated or Qualified <b>09/07/1995</b>	4. FEI Number <b>65-0588404</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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 <b>HASTINGS, VIVIEN H 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Vivien N. Hastings</b>	85 Zip Code <b>34134</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>24301 Walden Center Drive</b>	
83 Suite 300	
84 City <b>Bonita Springs</b>	85 Zip Code <b>34134</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 3/18/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHMOYER, J. H.</b>
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, SUITE 500</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	<b>HASTINGS, V. N</b>
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, SUITE 500</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	<b>CARLSON, A. J</b>
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, SUITE 500</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	<b>WHITNEY, S. R.</b>
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, #500</b>
CITY-ST-ZIP	<b>NAPLES FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Stefan O. Johansson</b>
1.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>
2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>David L. Fry</b>
2.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>
3.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Mary Beth Ebenger</b>
3.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>
3.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mary Beth Ebenger, Secretary** 3/18/98 (941) 947-2600

CR2E034 (10/97)