

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000069150 (7)
 1. Corporation Name
PELICAN MARSH GOLF CLUB, INC.



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

2. Principal Place of Business 21 24301 Walden Center Drive		2a. Mailing Address 26 24301 Walden Center Drive		3. Date incorporated or Qualified 09/07/1995	
Suite, Apt. #, etc. 22 Suite 300		Suite, Apt. #, etc. 27 Suite 300		4. FEI Number 65-0348735	
City & State 23 Bonita Springs, FL		City & State 28 Bonita Springs, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34134		Zip 29 34134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		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

**HASTINGS, VIVEN N
 801 LAUREL OAK DRIVE
 SUITE 500
 NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive
83 Suite Suite 300
84 City Bonita Springs
85 Zip Code FL 34134

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: *Vivien Hastings* DATE: **1/22/98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCHMOYER, J.H.	
STREET ADDRESS	801 LAUREL OAK DR, STE 500	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HASTINGS, V. N	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, A. J	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITNEY, S.R.	
STREET ADDRESS	801 LAUREL OAK DR, STE 500	
CITY-ST-ZIP	NAPLES FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	24301 Walden Center Drive
1.4 CITY-ST-ZIP	Bonita Springs, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	24301 Walden Center Drive
2.4 CITY-ST-ZIP	Bonita Springs, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Susan H. Watts
3.3 STREET ADDRESS	24301 Walden Center Drive
3.4 CITY-ST-ZIP	Bonita Springs, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven C. Adelman
4.3 STREET ADDRESS	24301 Walden Center Drive
4.4 CITY-ST-ZIP	Bonita Springs, FL
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: **Vivien N. Hastings, Secretary**
Vivien Hastings DATE: **1/22/98** (941) 947-2600

CFR2E034 (10/97)