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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Apr 27 1998 8:00am Secretary of State

1. Corporatio	ES AT PELICAN LANDING)0093576 (3) S. INC.			
Principal Plac	e of Business	Mailing Address 24840 BURNT PINE DR			a immindet sem seine dittet datet matte finte matte finde deite innie mitt iddt
24840 BURNT	PINE DR				DO NOT WRITE IN THIS SPACE
SUITE 2 BONITA SPRINGS FL 34134 US		SUITE 2 BONITA SPRINGS FL 33923	•		
		US			3. Date Incorporated or Qualified
1		•			12/08/1995
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			65-064 1534 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Sequired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes or has paid the current year intangible
24	25	29	30		Personal Property Tax due June 30. Yes X No
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
CONROY, J. THOMAS III MORRISON & CONROY, P.A. 975 SIXTH AVE. SOUTH NAPLES FL 34102			81	82 Street Address (P.O. Box Number is Not Acceptable)	
			82		
			<u> </u>		
			63	3	
			84	City	EI 85 Zip Code
44 Dursuant	to the provisions of Sections 607.0	E02 and E07 1509. Florida Statutor	the ebo	in named	I № ; ;
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	te of Florida. Such change was auligations of, Section 607.0505, Flor	ithorized b ida Statute	by the corp es.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12,	Signature, typed or printed name of registered. OFFICERS A	Agent and title if applicable [NOTE: NDD DIRECTORS	13.	gent signature	Prequired when reinstating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TITLE		Change
NAME	LAUER, RICHARD A	1.2 N			
STREET ADDRESS 3461 BONITA BAY BLVD. STE. 210		TE. 210	1.3 STREE	T ADDRESS	24840 Burnt Pine Drive. Suite #2
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-	ST-ZIP	24840 Burnt Pine Drive, Suite #2 Bonita Springs, FL 34134
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		DELETE	4.1 TITLE	ĺ	Change Addition
NAME			4 2 NAME	1	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP		T DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP	Change Addition

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 supplimental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged or on an address.

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATUR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Richard A. Lauer

04-20-98

(941) 498-5363

Change Addition