Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000093576

1. Corporation Name

Principal Place of Business

SHOPPES AT PELICAN LANDING, INC.

24840 BURNT PINE DR SUITE 2			24840 BURNT PINE DR Suite 2					_						
BONITA SPRINGS FL 34134		BONITA	BONITA SPRINGS FL 33923				DO NOT WRITE IN THIS SPACE							
U\$		US	US					ncorporated 3/1995	or Qualife	i '				
2. Principal Pl	lace of Business	2a. Ma	ailing Address				4. FEI Nu	mber					Appli	ed For
21		 	26				65-06	64.1534					Not A	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.									\$8.7	5 Add	ditional
22		27	27				5. Certifo	ate of Statu	s Desired			Fee	Requ	ired
City & Stat	te-	L Ci	ity & State			•	6. Electio	n Campaigr	r Financing	- m			00 ма	
23		28					Trust F	und Contrib	oution			Add	led to i	Fees
Zip	Country	Zip	p _	Country	/		8. This co	orporation o	wes the cu	rrent year li			_	_
24	25	29	3	30			Persor	nal Property	Tax.] Yes]No
•	9. Name and Address of	Current Registere	ed Agent				10. Name	and Addre	ss of New	Registere	I Ag	ent		
				81	Na Na	ame								{
CONROY, J. THOMAS III MORRISON & CONROY, P.A.						Street Address (P.O. Box Number is Not Acceptable)								
	SIXTH AVE. SOUTH			83	;			-144						
	LES FL 34102				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$						_			
				84	Ci	ity				F	_ ˈ	85 7	Zip Co	de
11 Dureugnt	to the provisions of Sections registered agent, or both, in the rm familiar with, and accept the	e State of Florida. S	Such change was auti	horized by	/ the	med corpo corporatio	oration submi on's board of	ts this state directors. I h	ment for th nereby acc	e purpose o	f cha	anging ent a	g its re is regis	gistered stered
office or n	in turning man, and doopt of	e obligations of, se	ection 607.0505, Floric	Ja Statutes	S.									
office or n						sature required	d when reinstating)			DATE				
office or n agent. I a	Signature, typed or printed name of regu		plicable. (NOTE: R			nature required		ONS/CHAN	GES TO C				CTOR	S IN 12
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office or nagent. I a SIGNATURE 12.	Signature, typed or printed name of regu-	stered agent and title if app	plicable. (NOTE: R	Registered Agen	ent sign	nature required			GES TO C		MD	DIRE		
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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 suppliemental 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 in a system that my name appears in address, with all other like empowered.

SIGNATURE:

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 498-5363

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90050 025 ***150.00