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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101295 (9)

1. Corporation Name

THE COLONY AT PELICAN LANDING 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 34108-2764

3. Date Incorporated or Qualified

12/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2415982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HASTINGS, VIVIAN N
801 LAUREL OAK DR.
SUITE 500
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Separate type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SCHMOYER, JERRY H	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 500	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	D	☐ DELETE
NAME	GRABNER, ROBERT H JR	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 500	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE	D	☐ DELETE
NAME	RIVERA, CARLOS A	
STREET ADDRESS	801 LAUREL OAK DRIVE SUITE 500	
CITY- ST- ZIP	NAPLES FL 34108	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P	☐ Change ☒ Addition
12 NAME	PAGE, G. R.	
13 STREET ADDRESS	801 LAUREL OAK DRIVE, #102	
14 CITY- ST- ZIP	NAPLES, FL	
21 TITLE	D/V	☒ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE	D/T	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE	S	☐ Change ☒ Addition
42 NAME	HASTINGS, V.N.	
43 STREET ADDRESS	801 LAUREL OAK DRIVE, #500	
44 CITY- ST- ZIP	NAPLES, FL	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do 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.

Vivien Hastings, Secretary

SIGNATURE:

Vivien Hastings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 (941) 597-6061

Date

Daytime Phone # 0006390

CR2E034 (9/96)