**FILED** 

Mar 13, 1999 8:00 am Secretary of State

03-13-1999 90001 001 \*1,050.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000101295

1. Corporation Name

THE COLONY AT PELICAN LANDING GOLF CLUB, INC.

Principal Place of Business Mailing Address						
24301 WALDEN SUITE 300	CENTER DRIVE	24301 WALDEN CENTER DRIVE SUITE 300				
BONITA SPRING	FL 34134	BONITA SPRINGS FL 34134				DO NOT WRITE IN THIS SPACE
US	US				3. Date Incorporated or Qualifed	
						12/16/1996
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2415982   Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22						5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	_	Country		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	ne
HAST		82 Street Ad		Street	et Address (P.O. Box Number is Not Acceptable)	
	1 WALDEN CENTER DRIVE					
BONI	TA SPRINGS FL 34134			83	1	
				84	City	85 Zip Code
						PL
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Sta	itutes, t	he above	e-named	ed corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State of n familiar with, and accept the obligatio	ns of, Section 607.0505,	s autilo Florida	Statutes		inpolation's board of directors. Friendly decopy and appointment de registrer
	, ,					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (N	OTE: Regi	isterød Agen	t signature	re required when reinstating) DATE
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	PAGE, G R			1.2 NAME		
STREET ADDRESS	24301 WALDEN CENTER DRIVE			1.3 STREET	ADDRESS	SS
CITY-ST-ZIP	BONITA SPRINGS FL 34134			1.4 CITY-S	T-ZIP	
TITLE	DV	<b>∑</b> DELETE		2.1 TITLE		DV ☐ Change ☑ Addition
NAME	GREEN, KATHERINE C			2.2 NAME		David L. Fry
STREET ADDRESS	24301 WALDEN CENTER DRIVE			2.3 STREET	ADDRESS	ss 24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134			2. 4 CITY-S	T-ZIP	Bonita Springs, FL 34134
TITLE	DT	X DELETE		3.1 TITLE		DV Change 🔄 Addition
NAME	ADELMAN, STEVEN C	,		3.2 NAME		Stefan O. Johansson
STREET ADDRESS	24301 WALDEN CENTER DRIVE			3.3 STREET	ADDRESS	ss 24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134			3.4. CITY- S		Bonita Springs, FL 34134
TITLE	S	<b>⊠</b> DELETE		4.1 TITLE		S ☐ Change ☑ Addition
NAME	HASTING, V N		4	4. 2 NAME		Agnes M. Roessle
STREET ADDRESS	24301 WALDEN CENTER DRIVE		1		TADORESS	ss 24301 Walden Center Drive
1	BONITA SPRINGS FL 34134			4.4 CITY-S		Bonita Springs, FL 34134
CITY-ST-ZIP TITLE	DOMIN SPRINGS IE 34134	DELETE		5.1 TITLE	1-2,11	T Change Addition
' I		<b>_</b>		5.2 NAME		Kim Bosaw
NAME				53 STREE	ADDRESS	ss 24301 Walden Center Drive
STREET ADDRESS			1	5.4 CITY-S		Bonita Springs, FL 34134
CITY-ST-ZIP		DELETE		6.1 TITLE		Change Addition
TITLE				6.2 NAME		
NAME				6.3 STREE	L VUUDE 66	eee ee
STREET ADDRESS						
CITY-ST-ZIP				6.4 CITY-S	I-ZIP	

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 of 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 attackment with an address, with all other like empowered. 14. I hereby certify that the information

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

1/18/99

(941) 947-2600

Daytime Phone #