

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000026120 (0)
1. Corporation Name
MARBELLA AT PELICAN BAY, 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 03/24/1997	
22 Suite, Apt. #, etc. Suite 300		27 Suite, Apt. #, etc. Suite 300		4. FEI Number 65-0738244	
23 City & State Bonita Springs, FL		28 City & State Bonita Springs, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34134		29 Zip 34134		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country 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, VIVIEN 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 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 N. Hastings* DATE: **1/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, GEORGE R	1.2 NAME	George R. Page
STREET ADDRESS	801 LAUREL OAK DR, STE 500	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANLON, CHRISTOPHER J	2.2 NAME	Christopher J. Hanlon
STREET ADDRESS	801 LAUREL OAK DR, STE 500	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKMAN, SUSAN D	3.2 NAME	Dwight D. Thomas
STREET ADDRESS	801 LAUREL OAK DR, STE 500	3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL 34108	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Steven C. Adelman
STREET ADDRESS		4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Vivien N. Hastings
STREET ADDRESS		5.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Stephen C. Pierce
STREET ADDRESS		6.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Bonita Springs, FL 34134

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* DATE: **1/28/98** (941) 947-2600

CFR2034 (10/97)