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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000047572 (7)

THE CLUB AT PELICAN STRAND, INC.

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			)
0621 AIRPORT-PULLING ROAD  UITE ONE  IAPLES FL 34109  10621 AIRPORT-PULLING ROAD  SUITE ONE  NAPLES FL 34109		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/29/1997		
2. Principal Place of Business 21 5840 Strand Blub		andBup	4. FEI Number 593478396	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		I E Cortitionate at Status Desired I I T	3.75 Additional Fee Required
23 Naples FC	28 Walles	Fr		5.00 May Be added to Fees
2ip Country 25 25 26 Name and Address of Current	29 34/10 30	Country	8. This corporation owes or has paid the current yes Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent	No No
	Helisteren Whent	81 Name	IU. Hallid and Radiess of New Hogisters Agent	<u> </u>
SALVATORI, LEO J 4501 TAMIAMI TRAIL NORTH			(I) O. Day Number is Not Accordable)	
SUITE 300		82 Street Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 34103		83		
		84 City	e 85	Zip Code
			<u>ተ</u> ⊾	,
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obliga	ol Florida. Such change was auth	orized by the corporat	poration submits this statement for the purpose of chan tion's board of directors. I hereby accept the appointm	ent as registered
SIGNATURE Signature, typed or printed name of repistered agen		ogistered Agent signature requi	red when reinstating) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE Prosident	DELETE	1.1 TITLE	☐ C	hange L Addition
NAME W. NEIL DORVILL		1.2 NAME 1.3 STREET ADDRESS		
and an an in the second	<b>a</b>	1.4 CITY - ST - ZIP		
TITLE VICE Prisider	DELETE	21 TITLE	□ c	hange
NAME Paul Hardy		2.2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE DECRETARY	DELETE	3.1 TIFLE	LJ c	hange 🔲 Addition
STREET ADDRESS Rever TOCSON		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE Pleasurer	DELETE	4 1 1/1/LE	□ c	hange Addition
NAME Revel TOLSO	7	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	4 4 CITY-ST-ZIP		hange Addition
TITLE NAME	□ DETCIE	5 1 TITLE 5 2 NAME		usande (T. voquon
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP				
		l i		
TITLE	☐ DELETE	54 CITY-ST-ZIP 61 TITLE		hange Addition
TITLE NAME	☐ DELETE	5.4 CITY-ST-ZIP		hange Addition
1	☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE	C	hange Addition

ue and accurate and that my signature shall have the same legal effect as if made under oath, that I am ai owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in