# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 FEB 14 PM 3:57

DOCUMENT # V38355 (6)

1. Corporation Name
PELICAN MARSH PROPERTIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 801 LAUREL OAK DRIVE<br>SUITE 500<br>NAPLES FL 33963 | 801 LAUREL OAK DRIVE<br>SUITE 500<br>NAPLES FL 33963 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/22/1992
3a. Date of Last Report: 03/17/1994
4. FEI Number: 65-0348731 ☐ 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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MCCLURE, ROBERT W.
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

10. Name and Address of New Registered Agent

01 Name: Vivien N. Hastings
02 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
03: Suite 500
04 City: Naples FL 05 Zip Code: 33963

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 — 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PDB | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | EVANISH, MARILYN B | 1.2 NAME | | |
| STREET ADDRESS | 801 LAUREL OAK DR #103 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | | |
| TITLE | TD | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BAKER, R W | 2.2 NAME | Faust, R. E. | |
| STREET ADDRESS | 801 LAUREL OAK DR #500 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | | |
| TITLE | CD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CARLSON, ALICE J | 3.2 NAME | | |
| STREET ADDRESS | 801 LAUREL OAK DR #500 | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | | |
| TITLE | S | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCCLURE, ROBERT W | 4.2 NAME | DELETE | |
| STREET ADDRESS | 801 LAUREL OAK DR #500 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | | |
| TITLE | VAS | 5.1 TITLE | VS | ☒ Change ☐ Addition |
| NAME | HASTINGS, VIVIEN N | 5.2 NAME | | |
| STREET ADDRESS | 801 LAUREL OAK DR #500 | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 — 2/6/95 — (813) 597-6061
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Vivien N. Hastings, Secretary

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