

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V38355** (6)
1. Corporation Name
PELICAN MARSH PROPERTIES, INC.

Principal Place of Business 24301 WALDEN CENTER DR. BONITA SPRINGS FL 34134 US	Mailing Address 801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1992	
21 Suite, Apt. #, etc.		26 24301 Walden Center Drive		4. FEI Number 65-0348731	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 Suite 300		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	Country	28 Bonita Springs, FL	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29 34134	30 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

10. Name and Address of New Registered Agent

**HASTINGS, VIVIEN N
801 LAUREL OAK DR
STE 500
NAPLES FL 34108**

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 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 Hastings

1/22/98

Signature, typed or printed name of registered agent, and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DP
NAME	STORY, JB	1.2 NAME	Wanda Z. Cross
STREET ADDRESS	801 LAUREL OAK DR, STE 500	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DP	2.1 TITLE	DT
NAME	GUNDERSON, J	2.2 NAME	Steven C. Adelman
STREET ADDRESS	801 LAUREL OAK DR, STE 500	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DT	3.1 TITLE	
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	DS
NAME	HASTINGS, VIVIEN N	4.2 NAME	Vivien N. Hastings
STREET ADDRESS	801 LAUREL OAK DR #500	4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 Hastings* Secretary

1/22/98 (941) 947-2600

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