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03-02-1999 90103 004 \*\*\*900.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V38355**

PELICAN MARSH PROPERTIES, INC.												
m: : : : : : : : : : : : : : : : : : :			Mailing Address	_								
Principal Place of Business Mailing Address												
24301 WALDEN CENTER DR. 24301 WALDEN CENTER D BONITA SPRINGS FL 34134 SUITE 300												
US BONITA SPRINGS FL 34134								DO NOT WRITE IN THIS SPACE				
US								3. Date Incorporated or Qualifed				
			0 - 14-10 4-14-					05/22/1992 4. FEI Number		$\overline{}$	App	lied For
<u> </u>	ace of Business		2a. Mailing Address				65-0348731				Applicable	
Suite, Apt.	# ota	Suite, Apt. #, etc.				05 0540751		\$8.7	<del></del>	Iditional		
22 Suite, Apr.	#, etc.	27				5. Certificate of Status Desired		•	e Req			
City & State	<del></del>	City & State				6. Election Campaign Financing		\$5.	00 N	fay Be		
23		28				Trust Fund Contribution		Add	ded to	Fees		
Zip	Zip Country			Zip Coun			-	8. This corporation owes the current year				
24	25	29	30				Personal Property Tax.		☐ Yes			
	Address of Current	Registered Agent				10. Name and Address of New Re	gistered /	Agent				
HAC.	TINGS VIVIEN	N			81	Name						
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE					82 Street Addre			ss (P.O. Box Number is Not Acceptab	ıle)			
SUITE 300					83	ļ					—	
BONITAL SPRINGS FL 34134					03							
Doming of three or a					84	84 City			FL	85	Zip Co	ode
44 Burningst	to the provisions	of Sections 607 0501	and 607 1508 Flori	da Statutes	the above	e-named	corno	ration submits this statement for the p	urnose of s	 changin	a its r	egistered
l office or re	eaistered agent.	or both, in the State (	of Florida, Such chan	ge was aut	inonzea by	tne corpo	oration	's board of directors. I hereby accept	the appoir	tment a	s regi	stered
_	m familiar with, a	and accept the obligat	ions or, Section 607.0	JOUS, FIUR	ua Statutes	٠.						
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable (NOTE: Registered A							equired v		DATE			
12.		D DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS AN				
TITLE	DP		□ D	ELETE	1.1 TITLE					☐ Chai	nge	☐ Addition
NAME	CROSS, WA				1.2 NAME							
STREET ADDRESS 24301 WALDEN CENTER DRIVE					1.3 STREET ADDRESS							
CITY-ST-ZIP	BONITA SPE			1.4 CITY-ST-ZIP							- Addison	
TITLE	DT		□ D	ELETE	2.1 TITLE		ļ			☐ Cha	nge	Addition
NAME	ADELMAN, STEVEN C				2.2 NAME							
STREET ADDRESS				2.3 STREET ADDRESS								
CITY-ST-ZIP	BONITA SPRINGS FL 34134				2,4 CITY-ST-ZIP					Cha		Addition
TITLE	DS		ו"ו מ	ELETE	3.1 TITLE			·			ige	[] Addition
NAME	HASTINGS,				3.2 NAME							
STREET ADDRESS		EN CENTER DRIVE				TADDRESS						
CITY-ST-ZIP	BUNITA SPE	NNGS FL 34134		ELETE	3.4. CITY-5	ST-ZIP				☐ Cha	nge -	Addition
TITLE				ELCIE	4.1 IIILE							
NAME						T ADDRESS						
STREET ADDRESS												
CITY-ST-ZIP				ELETE	4.4 CITY-S 5.1 TITLE	51-ZIP	$\vdash$			Cha	nge	Addition
TITLE					5.2 NAME						-	_
NAME STREET ADDRESS						TADDRESS						
CITY-ST-ZIP					5.4 CITY- S		l					
TITLE				ELETE	6.1 TITLE					☐ Cha	nge	Addition
NAME					6.2 NAME							

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPEO

1/22/99

(941) 947-2600