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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 3:57

DOCUMENT # V38359 (8)

1. Corporation Name
PELICAN MARSH GOLF CLUB, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 33963	801 LAUREL OAK DRIVE SUITE 500 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

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0348735 ☐ 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83: Suite 500
84 City: Naples FL 85 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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	KOSTE, BYRON R	1.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR #500	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	HOEGSTED, LOUIS H	2.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR #500	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCLURE, ROBERT W	3.2 NAME	DELETE ENTIRELY	
STREET ADDRESS	801 LAUREL OAK DR #500	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HASTINGS, VIVIEN N	4.2 NAME		
STREET ADDRESS	801 LAUREL OAK DR #500	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	DCT	5.1 TITLE	DT	☒ Change ☐ Addition
NAME	CARLSON, ALICE J	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

0331433 CP