

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006271 (8)
1. Corporation Name
THE COLONY AT PELICAN LANDING FOUNDATION, INC.



Principal Place of Business 24820 BURNT PINE DRIVE BONITA SPRINGS FL 34134	Mailing Address 24820 BURNT PINE DRIVE BONITA SPRINGS FL 34134
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3. Date Incorporated or Qualified
12/10/1996

4. FEI Number
59-3419224

Applied For	Not Applicable
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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
Country 29	Zip 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent HASTINGS, VIVIEN N ESQ. 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 34108				10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td colspan="3">Vivien N. Hastings</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="3">24301 Walden Center Drive</td> </tr> <tr> <td>83</td> <td colspan="3">Suite 300</td> </tr> <tr> <td>84 City</td> <td>Bonita Springs</td> <td>85 Zip Code</td> <td>FL 34134</td> </tr> </table>				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	FL 34134
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83	Suite 300																						
84 City	Bonita Springs	85 Zip Code	FL 34134																				

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Vivien Hastings* **2/23/98**
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRABNER, ROBERT	1.2 NAME	Katherine C. Green
STREET ADDRESS	24820 BURNT PINE DRIVE	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, VIVIEN N	2.2 NAME	
STREET ADDRESS	24820 BURNT PINE DRIVE	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	VST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, ALICE J	3.2 NAME	Steven C. Adelman
STREET ADDRESS	24820 BURNT PINE DRIVE	3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, GEORGE R	4.2 NAME	
STREET ADDRESS	24820 BURNT PINE DRIVE	4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	4.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMOYER, JERRY	5.2 NAME	
STREET ADDRESS	24820 BURNT PINE DRIVE	5.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	5.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Vivien N. Hastings, Secretary

SIGNATURE: *Vivien Hastings* **2/23/98 (941) 947-2600**

CFR2037 (10/97)