

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90083 028 \*\*\*\*61.25

**DOCUMENT # N96000006271**

1. Entity Name

**THE COLONY AT PELICAN LANDING FOUNDATION, INC.**

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR  
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DR  
 BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3419224**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~HASTINGS, VMEN N~~  
 24301 WALDEN CENTER DRIVE  
 BONITA SPRINGS FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$81.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP  
 NAME: PAGE, GEORGE R  
 STREET ADDRESS: 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: DV  
 NAME: JOHANSSON, STEFAN O  
 STREET ADDRESS: 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: ST  
 NAME: HIMROD, MELANIE M  
 STREET ADDRESS: 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: DV  
 NAME: HAYDEN, KENNETH W  
 STREET ADDRESS: 24301 WALDEN CENTER DRIVE  
 CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: DV  
 NAME: Flinn, Milton G.  
 STREET ADDRESS: 24301 Walden Center Drive  
 CITY-ST-ZIP: Bonita Springs, FL 34134

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

TITLE: [Blank]  
 NAME: [Blank]  
 STREET ADDRESS: [Blank]  
 CITY-ST-ZIP: [Blank]

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Milton G. Flinn, Vice President

5/2/01 (941)947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

71551



DO NOT WRITE IN THIS SPACE