


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90029 042 ****61.25

DOCUMENT # N96000006271

1. Entity Name
 THE COLONY AT PELICAN LANDING FOUNDATION, INC.



Principal Place of Business
 24301 WALDEN CENTER DR
 BONITA SPRINGS, FL 34134

Mailing Address
 24301 WALDEN CENTER DR
 BONITA SPRINGS, FL 34134



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03122008 Chg-NP CR2E037 (12/06)

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

HASTINGS, VIVIEN N
 24301 WALDEN CENTER DRIVE
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HJORTAAS, ANDREW	24301 WALDEN CENTER	BONITA SPRINGS, FL 34134	<input type="checkbox"/>
DST	TIEBOU-TOUREN, MARCIENNE	24301 WALDEN CENTER	BONITA SPRINGS, FL 34134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	Hjortaa s, Andrew	24301 Walden Center Dr.	Bonita Springs, FL 34134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DST	Tiebout-Touren, Marcienne	24301 Walden Center	Bonita Springs, FL 34134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Vice President/Director			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Robert W. Radunz	4101 Pelican Colony Blvd.	Bonita Springs, FL 34134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ASST TREAS.	GLENN D. STEIL	23190 TUSCANY WAY	BONITA SPRINGS FLA 34134	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 3-26-08 DAYTIME PHONE # _____