
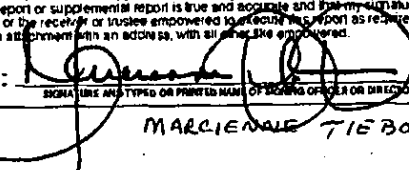


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**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

55031439

DOCUMENT # N9600006271				
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		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
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		Name		
Street Address (P.O. Box Number is Not Acceptable)		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		DATE		
Signature (typed or printed name of registered agent and with applicable)		NOTE: Registered Agent's signature required when a new one is used		
FILE NOW! FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DV JOHANSSON, STEFAN O 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE	DP HANLON, CHRIS 24301 WALDEN CENTER BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE	S ANJONTAAS, ANDREW 24301 WALDEN CENTER BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE	SD HJORTAAS, ANDREW 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE	T TIEBOUT-TOUREN, MARCIENNE 24301 WALDEN CENTER BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-STATE-ZIP			CITY-STATE-ZIP	
12. 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 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 that the employee.				
SIGNATURE: 		4-10-03 239-947-2600		
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date		
MARCIENNE TIEBOUT-TOUREN				

CRE037 (10/02)