

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90299 029 \*\*\*\*61.25

40070614



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2257489 Applied For Not Applicable

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

**DOCUMENT # 744294**  
 1. Entity Name  
 PELICAN POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 3645 SE 8TH PLACE PO BOX 151845  
 CAPE CORAL, FL 33904 CAPE CORAL, FL 33915 US

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 ZUNINO, PAOLA  
 C/O GPM INC  
 3645 SE 8TH PLACE  
 CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**

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 *Paola Zunino* *Paola Zunino* *4/20/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVIA, JAMES 4924 VICEROY ST # C-2 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULLIN, BRIAN 275 ST LAWRENCE BLVD EASTLAKE, OH 44095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MASON, CHERYL 4924 VICEROY ST # 1-D CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAJLEY, MILO 4924 VICEROY ST # B-3 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEMAN, STEPHEN 4924 VICEROY ST # C-3 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Milo Bajley Pres* *4-25-06* *678-481-4414*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #