

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N42687

Entity Name: OAK LAKE SANCTUARY AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MGMT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEWELL PROPERTY MGMT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**New Mailing Address:**

FEI Number: 65-0172298      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWELL, WILLIAM  
C/O NEWELL PROPERTY MGMT  
5435 JAEGER ROAD #4  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NOLAN, PHILIP  
Address: 922 TURTLE COURT  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: FORTENBAUGH, JOSEPH  
Address: 867 TURTLE COURT  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: BRADY, PHILIP  
Address: 895 TURTLE COURT  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: VENTRESS, BILL  
Address: 887 TURTLE COURT  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: VAUGHN, LINDA  
Address: 878 TURTLE COURT  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP NOLAN

PD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date