

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90309 041 ****61.25

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1. Entity Name
THE RESERVE AT PELICAN LANDING CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

Mailing Address
1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US



2. Principal Place of Business

3. Mailing Address

03192004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

City & State

4. FEI Number
65-0547563

Applied For
Not Applicable

Zip Country Zip Country

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

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE SUITE 206
NAPLES, FL 34103

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KRETH, GORDON	
STREET ADDRESS	24440 RESERVE CT #203E	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MATHY, CHARLES	
STREET ADDRESS	24460 RESERVE COURT #103-C	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARNESON, SAM	
STREET ADDRESS	24400 RESERVE COURT #203-K	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNAMEE, BERNARD	
STREET ADDRESS	34460 RESERVE COURT #203-C	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORBAKER, JOEANNE	
STREET ADDRESS	24480 RESERVE CT 101A	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARD MCNAMEE	
STREET ADDRESS	24460 RESERVE CT 203-C	
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORM GINAGE	
STREET ADDRESS	24430 RESERVE CT 202F	
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUZANNE ORBAKER	
STREET ADDRESS	24480 RESERVE CT 101A	
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD BEAUFAIT	
STREET ADDRESS	24410 RESERVE CT 202J	
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROLYN TONIDANDEL	
STREET ADDRESS	24480 RESERVE CT 101G	
CITY-ST-ZIP	BONITA SPRINGS, FL. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 other like empowered.

SIGNATURE: *Bernard McNamee* 4/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #