

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005107

FILED
Feb 28, 2007
Secretary of State

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

Current Principal Place of Business:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DRIVE
SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0547563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE SUITE 206
NAPLES, FL 34103 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: P () Delete
Name: DRUMM, KEVIN
Address: 24470 RESERVE CT #203B
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP () Delete
Name: GINIS, NOR M
Address: 24430 RESERVE CT., 202F
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T () Delete
Name: STOCKELL, DAVID
Address: 24430 RESERVE CT #101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Delete
Name: CAMERON, SANDY
Address: 24420 RESERVE CT #103
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: TONIDANDEL, CAROLYN
Address: 24420 RESERVE CT., 101G
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MATHY, CHARLES
Address: 24460 RESERVE CT., #103C
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP (X) Change () Addition
Name: HAMBURGER, ELIZABETH
Address: 24400 RESERVE CT., 103K
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T (X) Change () Addition
Name: ARNESON, SAM
Address: 34400 RESERVE CT., 203K
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S (X) Change () Addition
Name: SKEEN, LARRY
Address: 24430 RESERVE CT., #203F
City-St-Zip: BONITA SPRINGS, FL 34134

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES MATHY

P

02/28/2007

Electronic Signature of Signing Officer or Director

Date