


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90273 041 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | | | |
|--|-----------------------------|---|---|---|--|
| DOCUMENT # N95000005526 | | | |  | |
| 1. Entity Name CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7117 PELICAN BAY BLVD NAPLES, FL 34108 US | | | Mailing Address 7117 PELICAN BAY BLVD NAPLES, FL 34108 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0678492 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FALK, STEVEN M ESQ 850 PARK SHORE DRIVE, 3RD FLOOR NAPLES, FL 34103 | | | | 7. Name and Address of New Registered Agent | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | MARKOWITZ, ANN | | | | |
| STREET ADDRESS | 7117 PELICAN BAY BLVD 1207 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | | | |
| NAME | WEAVER, JAMES | | | | |
| STREET ADDRESS | 7117 PELICAN BAY BLVD #604 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | | | |
| TITLE | S | <input type="checkbox"/> Delete | | | |
| NAME | COHON, ALYS | | | | |
| STREET ADDRESS | 7117 PELICAN BAY BLVD 1403 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | | | |
| NAME | LEGITTNO, ALBERT | | | | |
| STREET ADDRESS | 7117 PELICAN BAY BLVD #1901 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | | | |
| TITLE | T | <input type="checkbox"/> Delete | | | |
| NAME | BROWN, JULIE | | | | |
| STREET ADDRESS | 7117 PELICAN BAY BLVD 1504 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | | |
| NAME | RAIA, THEODORE | | | | |
| STREET ADDRESS | 7117 PELICAN BAY BLVD 404 | | | | |
| CITY-ST-ZIP | NAPLES, FL 34108 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | 7117 Pelican Bay Blvd #1106 | | | | |
| CITY-ST-ZIP | Naples FL 34108 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | 7117 Pelican Bay Blvd #209 | | | | |
| CITY-ST-ZIP | Naples FL 34108 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | 7117 Pelican Bay Blvd #605 | | | | |
| CITY-ST-ZIP | Naples FL 34108 | | | | |
| TITLE | P | <input checked="" 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: _____ 4/12/05 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date | | | | | |
| Daytime Phone # | | | | | |

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ATTACHMENT

2 004/410

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| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | 01132005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 65-0678492 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARKOWITZ, ANN 7117 PELICAN BAY BLVD 1207 NAPLES, FL 34108 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Michael Grashler 7117 Pelican Bay Blvd #605 Naples FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WEAVER, JAMES 7117 PELICAN BAY BLVD #604 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Alfred Flynn 7117 Pelican Bay Blvd #505 Naples FL 34108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COHON, ALYS 7117 PELICAN BAY BLVD 1403 NAPLES, FL 34108 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEGITTNO, ALBERT 7117 PELICAN BAY BLVD #1901 NAPLES, FL 34108 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROWN, JULIE 7117 PELICAN BAY BLVD 1504 NAPLES, FL 34108 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP RAI, THEODORE 7117 PELICAN BAY BLVD 404 NAPLES, FL 34108 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |