FILED Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90273 041 ****61.25

Daytime Phone #

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Name and Address of Current Registered Agent. F. Name and Address of Current Registered Agent. F. Name and Address of Current Registered Agent. F. Name and Address of Name Registered Agent. F. Name and Address of Name Registered Agent. F. Name and Address of Name 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 acceptable of the obligations of registered agent. SIGNATURE Filing Fee to \$41.25 Due by May 1, 2005 OFFICIAL Submits Address (P.O. Box Number is Not Acceptable) Address (P.O. Box Number is Not Acceptable) DATE Filing Fee to \$41.25 Due by May 1, 2005 OFFICIAL Submits Agent	1. Entity Nar CLUB RA	MENT # N95000005 APHAEL AT PELICAN BAY C ATION, INC.									
Suits, Apt. 6, etc. Suits, Apt. 6, etc. Suits S	7117 PELICAN BAY BLVD 7		7117 PELICAN BAY BLVD		Classification File Assistation of the Section of t						
City & State Country Zip Country Signature B. Name and Address of Current Registered Agent. T. Name and Address of Status Dealed Signature B. Name and Address of Current Registered Agent. T. Name and Address of Status Dealed Signature B. Name and Address of Current Registered Agent. T. Name and Address of Status Dealed Signature Address (P.O. Box Number is Nox Acceptable) City FL Zip Code City	2. Principal I	Place of Business	3. Mailing Address		- THE PROPERTY OF THE PROPERTY						
Section Sect	Suite, Apt	. #, etc.	Suite, Apt. #, etc.		01132005 Chg-NP	CR2E037 (10/03)					
B. Name and Address of Current Registrand Agent 7. Name and Address of New Registrand Agent FALK, STEVEN M ESQ 850 PARK SHORE DRIVE, 3RD FLOOR NAPLES, FL 34103 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deplaced agent and the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wi	City & Sta	te	City & State			Applied For Not Applicable					
Rank STEVEN M ESQ SSD PARK SHORE DRIVE, 3RD FLOOR Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	•							
Stock Address (P.O. Box Number is Not Acceptable) Stock Address (P.O. Box Number is Not Acceptable)		B. Name and Address of Current R	legistered Agent	Name	7. Name and Address of New Re	gistered Agent					
8. The above named entity submits this statement for the purpose of changing its registered discent or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE Signature, hoped or prised name of registered agent and the # applicable. Profit in Pro	850 PARK	SHORE DRIVE, 3RD FLOOR		Street Address	P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur				City	City r→s Zip Code						
Policy P	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										
Filing Fee is \$81.25 Due by May 1, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MARKOWITZ, ANN STRET ADDRESS 7117 PELICAN BAY BLVD 1207 NAPLES, FL. 34108 TITLE P WEAVER, JAMES STRET ADDRESS 7117 PELICAN BAY BLVD 4604 NAME STRET ADDRESS 7117 PELICAN BAY BLVD 4403 NAPLES, FL. 34108 TITLE NAME STRET ADDRESS 7117 PELICAN BAY BLVD 1403 NAPLES, FL. 34108 TITLE NAME STRET ADDRESS 7117 PELICAN BAY BLVD 1403 NAPLES, FL. 34108 TITLE NAME STRET ADDRESS TOHON, ALISS TITLE ADDRESS TOHON, ALISS TITLE ADDRESS TOHON, ALISS TITLE ADDRESS TOHON, ALISS TITLE NAME STRET ADDRESS TOHON, ALISS TITLE NAME STRET ADDRESS TOHON, ALISS TITLE TOHON NAPLES, FL. 34108 TITLE NAME TITLE TOHON NAPLES, FL. 34108 TITLE NAME TITLE TOHON NAME TOHON	SIGNATURE										
Trust Fund Contribution. Added to Fees Florting Department of State Florting Department		<u> </u>			3.2						
TITLE NAME NAME NAME NAME NAME NAME NAME NAM		Due by May 1, 2005	Trust Fund Con	tribution.	Added to Fees Florid	la Department of State (a. 16)					
TITLE MAME STREET ADDRESS T/117 PELICAN BAY BLVD #604 NAPLES, FL 34108 TITLE MAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34108 TITLE MAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34108 TITLE MAME LEGITTNO, ALBERT T/117 PELICAN BAY BLVD #1901 NAPLES, FL 34108 TITLE MAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34108 TITLE NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34108 TIT	TITLE NAME STREET ADDRESS	D MARKOWITZ, ANN 7117 PELICAN BAY BLVD 1207		NAME STREET ADDRESS 7/1	7 Pelican Bay Blud #	Change Addition					
NAME STREET ADDRESS 7117 PELICAN BAY BLVD 1403 CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME LEGITTNO, ALBERT STREET ADDRESS CITY-ST-ZIP TITLE T BROWN, JULIE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE T BROWN, JULIE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE VP NAME RAIA, THEODORE STREET ADDRESS T117 PELICAN BAY BLVD 404 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE VP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE VP NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE VP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 TITLE VP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108	NAME STREET ADDRESS	WEAVER, JAMES 7117 PELICAN BAY BLVD #604	Deleta.	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition					
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NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108	NAME Street address	LEGITTNO, ALBERT 7117 PELICAN BAY BLVD #1901	Delete .	NAME Street address .		☐ Change ☐ Addition					
NAME RAIA, THEODORE NAME STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 NAME CITY-ST-ZIP NAME CITY-ST-ZIP NAME CITY-ST-ZIP	NAME STREET ADDRESS	BROWN, JULIE 7117 PELICAN BAY BLVD 1504	☐ Delete	NAME	7 Pelican Bay 131vd. ples FL34108	-					
12. Thereby certify that the information supplied with this filling 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 in this and accurate and that the information indicated on this report or supplemental report in this and accurate and that the information indicated on this report or supplemental report in this and accurate and that the information indicated on this report or supplemental report in this and accurate and that the information indicated on this report or supplemental report in this and accurate and that the information indicated on this report or supplemental report in this and accurate and that the information indicated on this report or supplemental report in this accurate and that the information indicated on this report of the control of th	NAME STREET ADDRESS CITY-ST-ZIP	RAIA, THEODORE 7117 PELICAN BAY BLVD 404 NAPLES, FL 34108		NAME STREET ADDRESS CITY-ST-ZIP		- Action					
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 eath; 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 changed, or on an attachment with an address with all other like empowered. SIGNATION.											

2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT						ALIACHMENT						
DOCUMENT # N95000005526 1. Entity Name CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.												
Principal Place of Business Mailing Address 7117 PELICAN BAY-BLVD 7117 PELICAN BAY BLVD NAPLES, FL 34108 US						30	0414	f16				
2. Principal f	Place of Business	3. Mailing Address			1							
Suite, Apt	#, etc.	Suite, Apt. #, etc.		01132005	Chg-NP	CR2EC	037 (10/03)	·				
City & Sta		City & State		4. FEI Number 65-0678	1492		No	oplied For of Applicable				
Zip	Country	Zip	Country		5. Certificate of	of Status Desire	od 🗆	\$8.75 Add —Fee Require				
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of Ne	w Registered					
	EVEN M ESQ SHORE DRIVE, 3RD FLOOR FL 34103		Street		P.O. Box Number	is Not Accept	able)					
IVA: LLO,	rL 34103		City				EI	Zip Code	e			
City FL 2p code Record 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.												
SIGNAȚURE	SIGNATURE											
<u> </u>	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent alg	weture required	d when reinstating)	Francisco VIII	DATE	en carron de carrier sellecció	****			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	entribution.	<u> </u>	\$5.00 May Be Added to Fees	F T T T	lorida Depa	ALL ALL STATE	tate 200 de			
TITLE	OFFICERS AND DIRE	ECTORS Delete	11.	<u> </u>	ADDITIONS/CHA	NGES TO OFF	ICERS AND D		Addition			
NAME STREET ADDRESS CITY-ST-ZIP	MARKOWITZ, ANN 7117 PELICAN BAY BLVD 1207 NAPLES, FL. 34108	C) Denie	NAME STREET ADDRES CITY-ST-ZIP	Hick 7117	nael Gras. 7 Pelican E 11es FL34	Bay Blvd	#605	☐) Change	· Automon			
TITLE NAME	P WEAVER, JAMES	Delete.	TITLE NAME	D	red Flunr	1	#505	Change	Addition			
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.mu£	S	☐ Delete	TITLE					Change	☐ Addition			
NAME Street address City-St-Zip	COHON, ALYS 7117 PELICAN BAY BLVD 1403 NAPLES, FL 34108		NAME STREET ADDRES CITY-ST-ZIP	s								
TITLE NAME	D LEGITTNO, ALBERT	☐ Delete	TITLE NAME					☐ Change	Addition			
STREET ADDRESS CITY-ST-ZIP	7117 PELICAN BAY BLVD #1901 NAPLES, FL 34108		STREET ADDRESS CITY-ST-ZIP	\$		· · · · · ·	<i>,</i>	<u>.</u>				
title Name	T BROWN, JULIE	☐ Defete	TITLE NAME		<u>.</u>			Change	☐ Addition			
STREET ADDRESS CITY-ST-ZIP	7117 PELICAN BAY BLVD 1504 NAPLES, FL 34108	·	STREET ADORES	5								
TITLE .	VP RAIA, THEODORE	☐ Delete	TITLE NAME					☐ Change	☐ Addition			
STREET ADDRESS CITY-ST-ZIP	7117 PELICAN BAY BLVD 404 NAPLES, FL 34108		STREET ADDRESS	s		•						
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: 66(NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR David												
	CONSTRAINAL AND TYPED OR PRI	RAME OF BIGRARY OFFICER OF	MINEUTOR			Date	Į.	Daytime Phone #				