


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90059 035 \*\*\*\*61.25

<b>DOCUMENT # N95000005526</b>					
<b>1. Entity Name</b> CLUB RAPHAEL AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7117 PELICAN BAY BLVD NAPLES, FL 34108 US			<b>Mailing Address</b> 7117 PELICAN BAY BLVD NAPLES, FL 34108 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0678492	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BECKLER & POLIAKOFF, P.A. C/O JOSEPH E. ADAMS, ESQ. — <i>spelling correction</i> 4501 TAMiami TRAIL, N., STE. 214 NAPLES, FL 34103 <i>c/o Joseph E. Adams, Esq.</i>			<b>Name</b> _____ <b>Street Address (P.O. Box Number is Not Acceptable)</b> _____ <b>City</b> <span style="float: right;"><b>FL</b></span> <b>Zip Code</b> _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD EASCHLER, MICHAEL 7117 PELICAN BAY BLVD. #605 NAPLES, FL 34108 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gaschler, Michael (Spelling error) 7117 Pelican Bay Blvd #605 Naples FL 34108		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V/D TRAISER, MARGARET 7117 PELICAN BAY BLVD. 31401 NAPLES, FL 34108 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, JULIE 7117 PELICAN BAY BLVD #605 NAPLES, FL 34108 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/D Joaguin Ribeiro 7117 Pelican Bay Blvd #306 Naples FL 34108		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S/D FLYNN, ALRED A 7117 PELICAN BAY BLVD. #505 NAPLES, FL 34108 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Deborah Ball 7049 Pelican Bay Blvd., Villa 3 Naples FL 34108		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D BERGER, STEPHEN 7117 PELICAN BAY BLVD. #804 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D FOWLER, THOMAS 3310 E. SUNSHINE SPRINGFIELD, MO 65808 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without like empowered.</b>					
<b>SIGNATURE:</b> <i>Julie M. Brown as Treasurer</i> <span style="float: right;">4/3/2008 239-593-9611</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> Julie M. Brown as Treasurer					