2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000008512

FILED May 15, 2008 8:00 am Secretary of State 05-15-2008 90020 029 ****61.25

PELICAN		RVE COMMUNITY	ASSOC	IATION, IN	C.									
Principal Place of Business 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			24301	Mailing Address 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				-	02379					
2. Principal Place of Business - No P.O. Box # 3. Mi				3. Mailing Address RAOA No Military Tel Ste 123										
Suite, Apt. #, etc.			Clo Ch	8409 No. Military Tei, Ste123 Suite, Apt. #, etc. Clo Cherry, Edgard Smith, PA				04162008	Chg-NP	CF	R2E03	7 (12/06)		
City & State			Falm	Palm Beach Gard			4. FEI Number 59-3759301					oplied For ot Applicable		
Žip		Country	Zip	410	Cou	untry 5A		5. Certificate	of Status Des	ired [8.75 Addee Require		
	6. Name	and Address of Current	Registered	Ágent				7. Name and	Address of N	lew Regis	tered A	gent		
HASTINGS	S MALEN	N				Name						•		
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134				Street Address (I				P.O. Box Numb	er is Not Acce	ptable)				
						City				 -		Zip Coc	le	
The above named entity submits this statement for the purpose of changing its registers.						red office or	r register	ed agent, or bo	th, in the State	of Florida.	FL.	amiliar with,	and accept	
the obligat	ions of regist	ered agent.												
SIGNATURE .	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2008 Trust Fund Contribution														
	_							\$5.00 May B	3e			payable t ment of S		
10.	_		IRECTORS			tion.		\$5.00 May B Added to Fees		Fiorida I	Depart	ment of S	tate	
10.	_	flay 1, 2008	IRECTORS		Contribut	tion.		Added to Fees		Fiorida I	Depart	ment of S	tate	
TITLE NAME	PD GARDNE	Aay 1, 2008 OFFICERS AND DI		Trust Fund	11.	tion. .E ME		Added to Fees		Fiorida I	Depart	ECTORS IN	tate	
TITLE NAME STREET ADDRESS	PD GARDNE 24301 W/	Aay 1, 2008 OFFICERS AND DI R, JOHN ALDEN CENTER DRIVI		Trust Fund	11.	tion. Le Me Eet address		Added to Fees		Fiorida I	Depart	ECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNE 24301 W/ BONITA S	Aay 1, 2008 OFFICERS AND DI		Trust Fund	11. TITL NAM STRI CITY	tion. LE ME MEET ADDRESS Y-ST-ZIP		Added to Fees		Fiorida I	Depart	ECTORS IN	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GARDNE 24301 W/ BONITA S	OFFICERS AND DI OFFICERS AND DI R, JOHN ALDEN CENTER DRIVI SPRINGS, FL 34134		Trust Fund	Contribut 11. TITL NAM STRI CITY THTL	tion. LE AE SEET ADDRESS Y-ST-ZIP LE		Added to Fees		Fiorida I	Depart	ECTORS IN	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNE 24301 W/ BONITA S	OFFICERS AND DI OFFICERS AND DI R, JOHN ALDEN CENTER DRIVI SPRINGS, FL 34134		Trust Fund	Contribut 11. TITL NAM STRI CITY TITL NAM	tion. LE AE SEET ADDRESS Y-ST-ZIP LE		Added to Fees		Fiorida I	Depart	ECTORS IN	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GARDNE 24301 W/BONITA STD KEITH, S' 2020 CLU	OFFICERS AND DI OFFICERS AND DI R, JOHN ALDEN CENTER DRIVI SPRINGS, FL 34134 YLVIA	Έ	Trust Fund	THE NAMES OF THE N	tion. LE AE EET ADDRESS Y-ST-ZIP LE ME		Added to Fees		Fiorida I	Depart	ECTORS IN	N 10	
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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 oalt; that I am an discord 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:

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR