

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009805

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC2437741857**

**Entity Name:** CASELLA AT PELICAN PRESERVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134

**FEI Number: 47-5277646**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134 US

*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

**Officer/Director Detail :**

Title PD  
Name NEGIP, DAVID  
Address 24301 WALDEN CENTER DR  
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY  
Name ERNST, BARRY  
Address 24301 WALDEN CENTER DR  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name COHEN, CHERYL  
Address 24301 WALDEN CENTER DR  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby 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 all other like empowered.*

SIGNATURE: DAVID NEGIP

PRESIDENT

04/14/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date