

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010114

Entity Name: PELICAN'S NEST GOLF CLUB CHARITABLE GIVING
FOUNDATION, INC.**FILED**
Apr 05, 2021
Secretary of State
3609841762CC**Current Principal Place of Business:**4450 PELICAN'S NEST DRIVE
BONITA SPRINGS, FL 34134**Current Mailing Address:**4450 PELICAN'S NEST DRIVE
BONITA SPRINGS, FL 34134 US**FEI Number: 82-3073644****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**GILLESPIE, DAVID
4450 PELICAN'S NEST DRIVE
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	P
Name	SCHWANDT, GARY
Address	4450 PELICAN'S NEST DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VP
Name	PEARLSTONE, MARK
Address	4450 PELICAN'S NEST DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	T
Name	MARTINO, MIKE
Address	4450 PELICAN'S NEST DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	SECRETARY
Name	BRIGGS, DANA
Address	4450 PELICAN'S NEST DRIVE
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: GARY SCHWANDT**PRESIDENT****04/05/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date