

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005107

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC0010862434**

**Entity Name:** THE RESERVE AT PELICAN LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**FEI Number: 65-0547563**

**Certificate of Status Desired: No**

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

SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DRIVE SUITE 206  
NAPLES, FL 34103 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 S  
Name DRAKE, DAVID  
Address 24470 RESERVE CT, #203B  
City-State-Zip: BONITA SPRINGS FL 34134

Title T  
Name MCLEAN, ED  
Address 34420 RESERVE COURT, #102G  
City-State-Zip: BONITA SPRINGS FL 34134

Title P  
Name CIMINO, SANTO  
Address 34480 RESERVE CT. #102A  
City-State-Zip: BONITA SPRINGS FL 34134

Title D  
Name TONIDANDEL, CAROLYN  
Address 24420 RESERVE CT., 101G  
City-State-Zip: BONITA SPRINGS FL 34134

Title VP  
Name JOHNSON, BILL  
Address 24440 RESERVE CT., #202B  
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: SANTO CIMINO**

**P**

**04/27/2016**

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

\_\_\_\_\_  
Date