

DOCUMENT # 726664

1. Entity Name

PELICAN POINT WEST, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-19-2000 90103 025 ****61.25

Principal Place of Business

250 PARK SHORE DRIVE
NAPLES FL 33940

Mailing Address

250 PARK SHORE DRIVE
NAPLES FL 34103-2688

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1731750

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



8. Name and Address of Current Registered Agent

BROADWELL, ROBERT
 250 PARK SHORE DRIVE
 APARTMENT 303
 NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	☐ Delete
NAME	BROADWELL, ROBERT	
STREET ADDRESS	250 PARK SHORE DRIVE, #303	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ Delete
NAME	MCCONNELL, ROBERT	
STREET ADDRESS	250 PARK SHORE DR, #503	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	☐ Delete
NAME	PRIOR, JACK	
STREET ADDRESS	250 PARK SHORE DRIVE #302	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	☐ Delete
NAME	HUNT, MYRON	
STREET ADDRESS	250 PARK SHORE DRIVE #501	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	☒ Delete
NAME	CREPON, DONALD	
STREET ADDRESS	250 PARK SHORE DR, #702	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☐ Change ☐ Addition
NAME	Stucker Robert	
STREET ADDRESS	250 Park Shore Dr. #601	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Pres	☒ Change ☐ Addition
NAME	HUNT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	seen	☐ Change ☒ Addition
NAME	Smith, Ed	
STREET ADDRESS	250 Park Shore Dr #801	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2000

CR2E037 (9/99)