

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90023 020 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  |                                                                                       |                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 726664</b><br>1. Entity Name<br><b>PELICAN POINT WEST, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                  |                                                                                       |                                |  |
| Principal Place of Business<br><b>250 PARK SHORE DRIVE<br/>NAPLES FL 33940</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                  |                                                                                       | Mailing Address<br><b>% FINANCIAL MANAGEMENT SERVICES<br/>5020 TAMiami TRAIL NORTH #110<br/>NAPLES FL 34103</b> |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | 3. Mailing Address                                                               |                                                                                       |                                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Suite, Apt. #, etc.                                                              |                                                                                       |                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | City & State                                                                     |                                                                                       | 4. FEI Number <b>59-1731750</b>                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Country                                                                          |                                                                                       | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | <b>\$8.75 Additional Fee Required</b>                                            |                                                                                       |                                                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  | 7. Name and Address of New Registered Agent                                           |                                                                                                                 |  |
| <b>SMITH, EDWIN G<br/>250 PARK SHORE DRIVE<br/>APT 801<br/>NAPLES FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                  |                                                                                       |                                                                                                                 |  |
| SIGNATURE: <u><i>Edwin G Smith</i></u> , <b>EDWIN G SMITH, PRES</b> <span style="float: right;"><b>3/10/04</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                  |                                                                                       |                                                                                                                 |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                              |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                  |                                                                                       |                                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                                | <input type="checkbox"/> Delete                                                  | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>FORD, ROLAND</b>              |                                                                                  | NAME                                                                                  |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>250 PARK SHORE DRIVE</b>      |                                                                                  | STREET ADDRESS                                                                        |                                                                                                                 |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAPLES FL 34103</b>           |                                                                                  | CITY - ST - ZIP                                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                               | <input checked="" type="checkbox"/> Delete                                       | TITLE                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>STUCKER, ROBERT</b>           |                                                                                  | NAME                                                                                  | <b>TD Timmer, James</b>                                                                                         |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>250 PARK SHORE DR #601</b>    |                                                                                  | STREET ADDRESS                                                                        | <b>250 PARK SHORE DR</b>                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAPLES FL 34102</b>           |                                                                                  | CITY - ST - ZIP                                                                       | <b>Naples FL 34103 #103</b>                                                                                     |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VPD                              | <input type="checkbox"/> Delete                                                  | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MCCONNEL, ROBERT</b>          |                                                                                  | NAME                                                                                  |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>250 PARK SHORE DRIVE #302</b> |                                                                                  | STREET ADDRESS                                                                        |                                                                                                                 |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAPLES FL</b>                 |                                                                                  | CITY - ST - ZIP                                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD                               | <input type="checkbox"/> Delete                                                  | TITLE                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>SMITH, EDWIN</b>              |                                                                                  | NAME                                                                                  | <b>PD Smith Edwin</b>                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>250 PARK SHORE DRIVE #501</b> |                                                                                  | STREET ADDRESS                                                                        | <b>250 PARK SHORE DR</b>                                                                                        |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAPLES FL</b>                 |                                                                                  | CITY - ST - ZIP                                                                       | <b>Naples FL 34103 #801</b>                                                                                     |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD                               | <input type="checkbox"/> Delete                                                  | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>PETERSON, NANCY</b>           |                                                                                  | NAME                                                                                  |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>250 PARK SHORE DRIVE #101</b> |                                                                                  | STREET ADDRESS                                                                        |                                                                                                                 |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>NAPLES FL 34103</b>           |                                                                                  | CITY - ST - ZIP                                                                       |                                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | <input type="checkbox"/> Delete                                                  | TITLE                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                  | NAME                                                                                  |                                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                  | STREET ADDRESS                                                                        |                                                                                                                 |  |
| CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                  | 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: <u><i>Edwin G Smith</i></u> , <b>EDWIN G. SMITH</b> <span style="float: right;"><b>3/10/04</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                                                  |                                                                                       |                                                                                                                 |  |
| <b>239-262-6503</b><br><small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                  |                                                                                       |                                                                                                                 |  |