2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2006 8:00 am **DOCUMENT # 726664** Secretary of State 1. Entity Name 05-09-2006 90091 007 ****61.25 PELICAN POINT WEST, INC. Principal Place of Business Mailing Address 250 PARK SHORE DRIVE NAPLES FL 33940 % FINANCIAL MANAGEMENT SERVICES P.O. BOX 11496 NAPLES FL 34101-1496 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1731750 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, EDWIN G Stree, Address (P.O. Box Number is Not Acceptable) 250 PARK SHORE DRIVE **APT 801** NAPLES FL 34103 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whom reasstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Detete TITLE ☐ Addition NAME BLACKBURN, MARGARET NAME 250 PARK SHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 City-St-Zip Delete TITLE TD Change Addition TITLE TIMMER, JAMES NAME NAME INARCAN, REX 250 PARK SHORK DRIVE #401 STREET ADDRESS 250 PARK SHORE DR #103 STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP FL 34103 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCONNEL, ROBERT NAME 250 PARK SHORE DRIVE #302 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, EDWIN NAME 250 PARK SHORE DR #801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP SD Delete TITLE Change Addition PETERSON, NANCY NAME NAMÉ 250 PARK SHORE DRIVE #101 STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: Edwin / State EDWIN G. SMITH 3/23/06 239/262-6503

if changed, or on an attachment with an address, with all other like empowered.

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.