

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 001 ****61.25

DOCUMENT # 726664

1. Entity Name

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 - No P.O. Box #

Pelican Point West Inc

3. Mailing Address

SAME

Suite, Apt. #, etc.

250 Park Shore Drive

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34103

Country

Collier

Zip

Country

4. FEI Number

59-1731750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

SMITH, EDWIN G
250 PARK SHORE DRIVE
APT 801
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Judd Heitzman

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

250 PARK SHORE DRIVE

APT 303

City

Naples, FL

34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

AS President

3/28/07

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BLACKBURN, MARGARET
STREET ADDRESS 250 PARK SHORE DRIVE
CITY- ST- ZIP NAPLES FL 34103

TITLE TD ☒ Delete
NAME FINARCAN, REX
STREET ADDRESS 250 PARK SHORE DR SUITE 401
CITY- ST- ZIP NAPLES FL 34103

TITLE Director ☐ Delete
NAME MCCONNEL, ROBERT
STREET ADDRESS 250 PARK SHORE DRIVE #302
CITY- ST- ZIP NAPLES FL

TITLE PD ☒ Delete
NAME SMITH, EDWIN
STREET ADDRESS 250 PARK SHORE DR #801
CITY- ST- ZIP NAPLES FL 34103

TITLE SD ☒ Delete
NAME PETERSON, NANCY
STREET ADDRESS 250 PARK SHORE DRIVE #101
CITY- ST- ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER ☒ Change ☐ Addition
NAME Blackburn, Margaret
STREET ADDRESS 250 PARK SHORE DR # 203
CITY- ST- ZIP Naples, FL 34103

TITLE Director ☒ Change ☐ Addition
NAME ANN STUCKER
STREET ADDRESS 250 PARK SHORE DR # 601
CITY- ST- ZIP Naples, FL 34103

TITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE President ☒ Change ☐ Addition
NAME Judd Heitzman
STREET ADDRESS 250 PARK SHORE DR # 303
CITY- ST- ZIP Naples, FL 34103

TITLE Vice President ☒ Change ☐ Addition
NAME Ken Peterson
STREET ADDRESS 250 PARK SHORE DR # 101
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 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 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

AS President

Date

Daytime Phone #