2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# 726664

Entity Name: PELICAN POINT WEST, INC.

Current Principal Place of Business:

PELICAN POINT WEST INC
250 PARK SHORE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

% FINANCIAL MANAGEMENT SERVICES
P.O. BOX 11496
NAPLES, FL 341011496

New Mailing Address:

FEI Number: 59-1731750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEITZMAN, JUDD
250 PARK SHORE DRIVE
APT 303
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	BLACKBURN, MARGARET	
Address:	250 PARK SHORE DR #203	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	STUCKER, ANN	
Address:	250 PARK SHORE DR #601	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	MCCONNEL, ROBERT	
Address:	250 PARK SHORE DRIVE #302	
City-St-Zip:	NAPLES, FL	
Title:	P	( ) Delete
Name:	HEITZMAN, JUDD	
Address:	250 PARK SHORE DR #303	
City-St-Zip:	NAPLES, FL 34103	
Title:	VP	( ) Delete
Name:	PETERSON, KEN	
Address:	250 PARK SHORE DR #101	
City-St-Zip:	NAPLES, FL 34103	
Title:	D	( ) Delete
Name:	PETERSON, NANCY	
Address:	250 PARK SHORE DR	
City-St-Zip:	NAPLES, FL 34103	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAWN MCCULLOUGH ACCT 04/28/2009
Electronic Signature of Signing Officer or Director — Date