


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90172 035 \*\*\*\*61.25

<b>DOCUMENT # 727046</b> 1. Entity Name <b>PIERRE CLUB CONDOMINIUM ASSOCIATON, INC.</b>					
Principal Place of Business <b>1222 GORDON DRIVE NAPLES, FL 33940 US</b>			Mailing Address <b>745 - 12TH AVE. S. STE AA NAPLES, FL 34102 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1623696</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOORE PROPERTY MANAGEMENT 745 12TH AVE S. SUITE D NAPLES, FL 33940</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEE, ERIC 1222 GORDON DR. #3 NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CHARLES LYON 1222 GORDON DR. #15 NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALEXANDER, BETSY 1222 GORDON DR., #13 NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD CUNNINGHAM, ROBERT 1222 GORDON DR NAPLES, FL 34102</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CHILCOTE, MARY 1222 GORDON DR NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBERT SISK 3 Mulligan DR Wallingford, CT 06492</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCLAIN, JUNE 1222 GORDON DR. #18 NAPLES, FL 34102</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARD CORPENTEN 1222 Gordon Dr. #11 NAPLES, FL 34102</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____			_____ Date <b>4-28-06</b> Daytime Phone # _____		