

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90024 026 \*\*\*\*61.25

**DOCUMENT # 744294**

1. Entity Name  
PELICAN POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2799 DEL PRADO BLVD  
CAPE CORAL, FL 33903

Mailing Address  
PO BOX 151845  
CAPE CORAL, FL 33915 US



2. Principal Place of Business - No P.O. Box #

1319 MIRAMAR ST

Suite, Apt. #, etc.

# 100

City & State

CAPE CORAL, FL

Zip

33904

Country

U.S.A

3. Mailing Address

1319 MIRAMAR ST

Suite, Apt. #, etc.

# 100

City & State

CAPE CORAL, FL

Zip

33904

Country

U.S.A

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2257489

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUNINO, PAOLA  
C/O GPM INC  
2799 DEL PRADO BLVD  
CAPE CORAL, FL 33-9036

7. Name and Address of New Registered Agent

GPM INC PAOLA Zunino

Street Address (P.O. Box Number is Not Acceptable)  
1319 MIRAMAR ST # 100

City & State

CAPE CORAL, FL

Zip Code

33904

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 *Paola Zunino*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/10/08

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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 SD ☐ Delete  
NAME DAY, SCOTT  
STREET ADDRESS 19115 GOLFVIEW DR  
CITY-ST-ZIP CLEVELAND, OH 44135

TITLE TD ☒ Delete  
NAME MULLIN, BRIAN  
STREET ADDRESS 275 ST LAWRENCE BLVD  
CITY-ST-ZIP EASTLAKE, OH 44095

TITLE VPD ☒ Delete  
NAME MURRAY, LOIS  
STREET ADDRESS 4924 VICEROY ST B-4  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD ☒ Delete  
NAME BAJLEY, MILO  
STREET ADDRESS 4924 VICEROY ST # B-3  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D ☐ Delete  
NAME RIEMAN, STEPHEN  
STREET ADDRESS 4924 VICEROY ST # C-3  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☐ Change ☒ Addition  
NAME ANDREW KOVACIC  
STREET ADDRESS 4924 VICEROY ST # D-5  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE PD ☐ Change ☐ Addition  
NAME MURRAY, ROBERT  
STREET ADDRESS 4924 VICEROY ST # B-4  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE VPD ☐ Change ☒ Addition  
NAME JOHN PICANO  
STREET ADDRESS 4924 VICEROY ST # C-4  
CITY-ST-ZIP CAPE CORAL, FL 33904

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

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 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.

SIGNATURE: *Paola Zunino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

(839) 542-1712