2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744294

FILED Mar 04, 2009 Secretary of State

Entity Name: PELICAN POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1319 MIRAMAR ST 4924 VICEROY ST CAPE CORAL, FL 33904 #100 CAPE CORAL, FL 33904 **New Mailing Address: Current Mailing Address:** 1319 MIRAMAR ST 1319 MIRAMAR ST #100 #101 CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US FEI Number: 59-2257489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: ZUNINO, PAOLA ZUNINO, PAOLA 1319 MIRAMAR ST #100 1319 MIRAMAR ST #101 CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904 US 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: PAOLA ZUNINO 03/04/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAY, SCOTT Name: Name: 19115 GOLFVIEW DR Address: Address: City-St-Zip: CLEVELAND, OH 44135 City-St-Zip: Title: SD () Delete Title: () Change () Addition KOVACIC, ANDREW Name: Name: Address: 4924 VICEROY ST #D-5 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition MURRAY, LOIS MURRAY, BOB Name: Name: 4924 VICEROY ST B-4 Address: 4924 VICEROY ST B-4 Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: PD Title: (X) Change () Addition () Delete PICANO, JOHN Name: BAJLEY, MILO Name: 4924 VICEROY ST # B-3 4924 VICEROY ST UNIT C-4 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 Title: () Delete Title: () Change () Addition RIEMAN, STEPHEN Name: Name: 4924 VICEROY ST # C-3 Address: Address: City-St-Zip: CAPE CORAL, FL 33904 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: BOB MURRAY PRES 03/04/2009