2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# 748696

Entity Name: DORCHESTER OF PELICAN BAY CONDOMINIUM OWNERS ASSOCIATION,INC.

Current Principal Place of Business:

6075 PELICAN BAY BLVD
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10249
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-1985676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
14241 METROLOIS AVE.
SUITE 100
FT. MYERS, FL 33912 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: D ( ) Delete
Name: CUMMINS, ANDREW
Address: 6075 PELICAN BAY BLVD # 302
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: KLAUBER, WILLIAM
Address: 6075 PELICAN BAY BLVD # 501
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete
Name: HEYRMAN, JAMES
Address: 6075 PELICAN BAY BLVD # 1604
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: DIPASCO, ANITA
Address: 6075 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete
Name: GASKELL, VERN
Address: 6075 PELICAN BAY BLVD #204
City-St-Zip: NAPLES, FL 34108

Title: DT ( ) Delete
Name: CORKILL, TOM
Address: 6075 PELICAN BAY BLVD #203
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRIVER, MICHAEL
Address: 6075 PELICAN BAY BLVD # 1501
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition
Name: PASCAL, ROBERT
Address: 6075 PELICAN BAY BLVD # 905
City-St-Zip: NAPLES, FL 34108

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

Title: SD (X) Change ( ) Addition
Name: DIPASCO, ANITA
Address: 6075 PELICAN BAY BLVD #1603
City-St-Zip: NAPLES, FL 34108

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 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: JAMES HEYRMAN PD 04/28/2006

Electronic Signature of Signing Officer or Director — Date