## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#748696** 

FILED Apr 15, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 6075 PELICAN BAY BLVD NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113 FEI Number: 59-1985676 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, P.A. BECKER & POLIAKOFF, P.A. 14241 METROLOIS AVE. 999 VANDERBILT BEACH RD SUITE 100 SUITE 501 FT. MYERS, FL 33912 US FT. MYERS, FL 34108 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: GREG MARLER 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CRAVENS, TOM Name: Name: 6075 PELICAN BAY BLVD # 703 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition RASHBAUM, LARRY Name: Name: Address: 6075 PELICAN BAY BLVD # 601 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition HEYRMAN, JAMES Name: Name: 6075 PELICAN BAY BLVD # 1604 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRIVER, MICHAEL Name: 6075 PELICAN BAY BLVD #1501 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change ( ) Addition GASKELL, VERN Name: Name: ANDERSEN, JIM 6075 PELICAN BAY BLVD #204 6075 PELICAN BAY BLVD #801 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: () Delete Title: () Change () Addition CORKILL, TOM Name: Name: Address: 6075 PELICAN BAY BLVD #203 Address: NAPLES, FL 34108 City-St-Zip: 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: TOM CRAVENS PD 04/15/2009