## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 758477** 

FILED Apr 16, 2008 Secretary of State

Entity Name: HYDE PARK AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6320 PELICAN BAY BLVD. NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

6320 PELICAN BAY BLVD. NAPLES, FL 34108

FEI Number: 59-2324986 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:

SAMOUCE MURRELL AND FRANCOEUR PA 5405 PARK CENTRAL NAPLES, FL 34109 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:

Flootropic Signature of Degistered Agent

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete Title: SD (X) Change ( ) Addition Name: HOBBS, HOWARD Name: BECKETT, ANN

Address: 6360 PELICAN BAY BLVD 406C Address: 6360 PELICAN BAY BLVD 101C

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ORGLER, SIEGFRIED
 Name:

 Address:
 6300 PELICAN BAY BLVD, #PH5A
 Address:

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name: PORTER, ANDREA Name: HUFF, PETER

Address: 6300 PELICAN BAY BLVD 201A Address: 6360 PELICAN BAY BLVD PH1C

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete Title: VPD (X) Change ( ) Addition

Name: BASLIE, SAM Name: HAMM, JAMES

Address: 6360 PELICAN BAY BLVD #PH2C Address: 6350 PELICAN BAY BLVD 306B

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34108

Name: VAN BUSKIRK, ROY V Name: MURPHY, JAMES

Address: 6300 PELICAN BAY BLVD PH4A Address: 6350 PELICAN BAY BLVD PH1B

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

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: SIEGFRIED ORGLER PD 04/16/2008