

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 760018**



1. Entity Name  
**PELICAN POINTE ON THE GULF ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
26130 HICKORY BLVD SUITE 55 BONITA SPRINGS, FL 33923 US	C/O SMITH & CO., LLP PO BOX 2507 BONITA SPRINGS, FL 34133 US



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>39-1395403</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**KLEIN, KYLE**  
**27657 OLD US 41**  
**BONITA SPRINGS, FL 34133**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	TD
NAME	BOARDMAN, BRUCE
STREET ADDRESS	26130 HICKORY BLVD #55
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	VPD
NAME	RICHARD WESTFORT
STREET ADDRESS	26130 HICKORY BLVD #3S
CITY-ST-ZIP	BONITA SPRINGS, FL

TITLE	PD
NAME	WACHTER, BOB
STREET ADDRESS	26130 HICKORY BLVD #5 N
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	S
NAME	HENDERSON, BILL
STREET ADDRESS	26130 HICKORY BLVD #1N
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

TITLE	D
NAME	GLOYECK, WILLIAM
STREET ADDRESS	W 297 N 807 KINGS WY
CITY-ST-ZIP	WAUKESHA, WI 53188

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636356  
02/26/07-80013-016 61.25

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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:** Robert C. Wachter **ROBERT C. WACHTER** 2/10/07 239-498-0538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #