

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2008 08:00 AM  
Secretary of State

DOCUMENT # 760018

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



Principal Place of Business

26130 HICKORY BLVD  
SUITE 55  
BONITA SPRINGS, FL 33923 US

Mailing Address

C/O SMITH & CO., LLP  
PO BOX 2507  
BONITA SPRINGS, FL 34133 US



01072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 39-1395403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000819711

02/15/08-80095-012 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOARDMAN, BRUCE 26130 HICKORY BLVD #55 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICHARD WESTFORT 26130 HICKORY BLVD #3S BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WACHTER, BOB 26130 HICKORY BLVD #5 N BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, BILL 26130 HICKORY BLVD #1N BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOYECK, WILLIAM W 297 N 807 KINGS WY WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/08 313-886-6422

Date

Daytime Phone #