## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001605

INTEGRATED PROPERTY MGMT.

Apr 12, 2012 Secretary of State

Entity Name: OSPREY POINTE AT PELICAN MARSH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

INTEGRATED PROPERTY MANAGEMENT

**New Principal Place of Business:** 

5020 TAMIAMI TR NORTH, STE 206 5020 TAMIAMI TR NORTH, SUITE 206 NAPLES, FL 34103

NAPLES, FL 34103

**Current Mailing Address:** New Mailing Address:

INTEGRATED PROPERTY MGMT INTEGRATED PROPERTY MANAGEMENT 5020 TAMIAMI TR NORTH, SUITE 206 5020 TAMIAMI TR NORTH, STE 206

NAPLES, FL 34103 NAPLES, FL 34103

FEI Number: 65-1085331 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:

INTEGRATED PROPERTY MANAGEMENT GOEDE & ADAMCZYK PLLC 8950 FONTA DEL SOL WAY 5020 TAMIAMI TR NORTH **SUITE #206** SUITE 100 NAPLES, FL 34103 US 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: MARK ADAMCZYK 04/12/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

HARRISON, RALPH Name:

Address: 9024 WHIMBREL WATCH LANE #201

City-St-Zip: NAPLES, FL 34109

Title:

Name: WEINER, KENNETH

Address: 9025 WHIMBREL WATCH LANE #201

City-St-Zip: NAPLES, FL 34109

Title: DVP

HENSON, KEN Name:

9017 WHIMBREL WATCH LANE #201 Address:

City-St-Zip: NAPLES, FL 34109

Title:

Name: GOLIA, CLEMENTE

9037 WHIMBREL WATCH LANE #201 Address:

City-St-Zip: NAPLES, FL 34109

Title: DS

TROTMAN, WILLIAM Name:

9057 WHIMBREL WATCH LANE #202 Address:

NAPLES, FL 34109 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: RALPH HARRISON DP 04/12/2012