2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90044 006 ****61.25

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1. Entity Name
PELICAN POINTE ON CLEARWATER BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
445 SOUTH GULFVIEW BOULEVARD
CLEARWATER, FL 33767-2508

Mailing Address
~~TOTAL REALTY SERVICES INC~~ CONDOS By SiRATA INC
~~16401 GULF BLVD~~ 18131 GULF BLVD STE CC
~~SAINT PETERSBURG, FL 33708~~ REDINGTON SHORES FL 33708

02232007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2144860
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~TOTAL REALTY SERVICES INC~~ CONDOS By SiRATA INC
~~13030 GULF BLVD~~ 18131 GULF BLVD STE CC
~~SAINT PETERSBURG, FL 33708~~ REDINGTON SHORES FL 33708

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

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	P
NAME	SWANK, CHRIS
STREET ADDRESS	151 DAHLIN DR
CITY-ST-ZIP	ROMEOVILLE, IL 60446
TITLE	VP
NAME	~~ALBANESE, JAN~~ ARTHUR, DAVID
STREET ADDRESS	~~52 REDGEWAY~~ 1000 Kelvin Ct
CITY-ST-ZIP	~~WHITE PLAINS, NY 10605~~ Worthington, OH 43085
TITLE	ST
NAME	PARSONS, GARY
STREET ADDRESS	6445 MEADOW BROOK CIR
CITY-ST-ZIP	COLUMBUS, OH 43085
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ VP 3/05/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #