2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90030 013 ****61.25

DOCUMENT # N05000000532

1. Entity Name
TRIESTE AT PELICAN PRESERVE PROPERTY OWNERS ASSOCIATION, INC.

4010086U

Principal Place of Business	Mailing Address
C/O R & P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104	9411 CYPRESS LAKE DR, SUITE 2 FORT MYERS, FL 33919

04192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Schoo Management, Inc	c/o Schoo Management Inc
Suite, Apt. #, etc.: 9411 Cypress Lake Dr., Ste 2	Suite, Apt. #, etc.: 9411 Cypress Lake Dr., Ste 2
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33919 Country: US	Zip: 33919 Country: US

4. FEI Number: 01-0827564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
R&P PROPERTY MANAGEMENT 265 AIRPORT RD S NAPLES, FL 34104	Name: Gelles, Robert E Street Address (P.O. Box Number is Not Acceptable): c/o Schoo Management, Inc 9411 Cypress Lake Dr., Ste. 2 City: Fort Myers FL Zip Code: 33919

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: Robert E. Gelles Robert E. Gelles 4/22/08
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRODSKY, HARVEY 10615 TIRANO COURT FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASTOR, ROBERT 9366 TRIESTE DRIVE FT. MYERS, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LESTER, CHRIS 10618 TIRANO COURT FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LESTER, CHRIS 10618 TIRANO COURT FT. MYERS, FL 33913	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KESSLER, ROBIN 9360 TRIESTE DRIVE FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMANN, BEVERLY 9369 TRIESTE DRIVE FT. MYERS, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRADI, SALVATORE 8 HAZELTINE LANE FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRIVETTE, CAROL 9364 TRIESTE DRIVE FT MYERS FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CASTOR, SUSAN 9366 TRIESTE DRIVE FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/VP CASTOR, SUSAN 9366 TRIESTE DRIVE FT. MYERS FL 33913	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PEDERSON, ANDY 9363 TRIESTE DR FT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Chris Lester 4/21/08 239 481 4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONTINUATION SHEET

2008 NOT-FOR-PROFIT CORPORATION ~~ANNUAL~~ REPORT

ATTACHMENT

DOCUMENT # N05000000532

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40100860

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SIGNATURE: Robert E. Gelles [signature] Robert E. Geller (signature)   4/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: D NAME: Smith, Carolyn STREET ADDRESS: 9361 Trieste Drive CITY-ST-ZIP: Ft. Myers FL 33913	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: [signature] Chris Lester   4/21/08   239 481 4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #