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

FILED May 12, 2008 8:00 am Secretary of State

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DOCUMENT # N05000000540 1. Entity Name							05-12-2	008 90	030 017	' ****6	51.25
MONTICE	ELLO AT PELICAN PRESE S ASSOCIATION, INC.	RVE PROPERTY	•								
				Grant S	ESI.						
Principal Place of Business 9411 CYPRESS LAKE DRIVE STE 2 9411 CYPRESS LAKE DRIVE STE						10.					
FORT MYERS, FL 33919 FORT MYERS, FL 33919											
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address	Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			1042008	Chg-NP	CI	R2E037 (12/06)	
City & State		City & State			4.	4. FEI Number					
Zip	Country	Zip	Cou	untry	5.		of Status Desire			.75 Add	litional
	6. Name and Address of Current	Registered Agent	l		7.	Name and	Address of No	w Regis		Required	
GELLES, F	ROBERT E			Name							
9411-2 CY	PRĘSS LAKE DRIVE		Street Address			Box Numbe	r is Not Accep	table)	*	·_	
. FOR I, MITE	ERS) FL 33919				•						
				City		•			FL	Zip Code	9
	na sett entity submits this statement for	or the purpose of changi	ng its register	.1 ed office or i	registered a	igent, or bot	h, in the State o	of Florida	Lam tami	liar with,	and accept
the obligat	ions of registered agent.										
	₹ <u>₹</u>										
SIGNATURE .											
SIGNATURE .	Signyturb, wheet or printed name of registered agen	and little if applicable	(NO1t:: Registion	ud Agent signatur	re required when	reinslaling)			DATE		
	Signature, lived or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2008	9. Electio	(NO15; Registers in Campaign I und Contribu	Financing	\$5	,00 May B	e		DATE check pa Departme		
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 SIGNATURE AND THE DAME OF SHAME OF S