,2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000012114

1. Entity Name
SIENA AT PELICAN PRESERVE CONDOMINIUM



Procept Proc	ASSOCIATION, INC.												
Suite, Apl. #, etc. Suite, Apl. #, etc.	24301 WALDEN CENTER DRIVE STE 300 24			2430	24301 WALDEN CENTER DRIVE STE 300					OUUIZ	128		
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Zip Country Zip Country St. Cardiscot of Satus Desired \$8.75 Addisonal Fee Regulated \$8.75 Addisonal Fee Regulat	Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01172006	Chg-NP	CR28	037 (11/05)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nome Nome Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Num	City & State			City & State					39002	324	⊢	·	
HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE STE 300 BONITA SPRINGS, FL 34134 8. The above named ensity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida	Zip	Country		Zij	Zip		Country		5. Certificate of	Status Desired			
SIGNATURE Superior Control Co	6. Name and Address of Current Regist			Register	red Agent				7. Name and A	ddress of Nev	Registere	d Agent	
Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code	HASTINGS	S VIVIEN	N			Name							
S. 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 FIIIng Fee is \$61.25 Due by May 1, 2006 Prince Shand Directors 11. Added to Fees A	24301 WALDEN CENTER DRIVE STE 300			00	Street Address			ldress (f	(P.O. Box Number is Not Acceptable)				
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SIGNATURE Signature, ryond or princed rapper land side of applications INOTE: Registered Agent separative inclusived when reinstatively DaTE				or the purp	oose of changing its	register	ed office or r	register	ed agent, or both	, in the State of	Florida. La	m familiar with,	and accept
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Trust Fund Contribution. Added to Fees Florida Department of State													
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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 eath; 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 06, 2006 8:00 am Secretary of State 02-06-2006 90067 019 ****61.25