

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90039 025 \*\*\*\*61.25

**DOCUMENT # N05000012114**

1. Entity Name  
**SIENA AT PELICAN PRESERVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**24301 WALDEN CENTER DRIVE STE 300  
BONITA SPRINGS, FL 34134**

Mailing Address  
**24301 WALDEN CENTER DRIVE STE 300  
BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box #  
**Schoo Management Inc**  
Suite, Apt. #, etc.  
**9441 Cypress Lake Dr Ste 2**  
City & State  
**FE. Myers, FL**  
Zip  
**33919** Country  
**USA**

3. Mailing Address  
**Schoo Management Inc**  
Suite, Apt. #, etc.  
**9441 Cypress Lake Dr Ste 2**  
City & State  
**FE. Myers, FL**  
Zip  
**33919** Country  
**USA**



05012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3900224** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**HASTINGS, VIVIEN N**  
**24301 WALDEN CENTER DRIVE STE 300**  
**BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent  
Name  
**Schoo Management Inc**  
Street Address (P.O. Box Number is Not Acceptable)  
**9441 Cypress Lake Dr. Ste 2**  
**FE. Myers, FL**  
City  
**FE. Myers** State  
**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. Geller** **Robert E. Geller, CAM** **4-20-07**  
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, 2007**

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	DP GARDNER, JOHN 24301 WALDEN CENTER DRIVE STE 300 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Robert 9209 Briar Lane Bloomington, MN 55437 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEITH, SYLVIA 2020 CLUBHOUSE DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Maitland, Margot 5781 Lee Blvd - 208-42 Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TERRY, SHEILA 24301 WALDEN CTR DR BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Dokery, Pamela 10506 Bellagio Drive FE. Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nardella, Mary Jo 10520 Amata Way FE. Myers, FL 33913 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Pamela Dokery** **Pamela Dokery, V.P.** **4/19/07** **(239) 481-4700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #