2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90035 001 ****61.25

DOCUMENT # N05000012114

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

Principal Place of Business	Mailing Address
SCHOO MGMT INC. 9411 CYPRESS LAKE DR. STE 2 FORT MYERS, FL 33919	SCHOO MGMT INC. 9411 CYPRESS LAKE DR. STE 2 FORT MYERS, FL 33919

04242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
SCHOO MGMT.INC. 9411 CYPRESS LAKE DR. STE 2 FORT MYERS, FL 33919	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, if any, of new or prior named registered agent and title if applicable (NOTE: Registered Agent signature required when adding)

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 MURPHY, ROBERT 9209 BRIAR LN. MINNEAPOLIS, MN 55437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Murphy, Robert 9209 Briar Lane Bloomington MN 55437	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAITIARD, MARGOT 5781 LEE BLVD. -208-42 LEHIGH ACRES, FL 33971	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEMPF, ROY 9834 WEATHER STONE PL FORT MYERS, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DOCKERY, PAMELA 6506 BELLAGO DR. FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SIZE, MICHAEL 10520 AMIATA WAY, #405 FORT MYERS, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NARDELLO, MARY JO 10520 AMIATA WAY FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORRISSEY, JOE 10510 AMIATA WAY #303 FORT MYERS, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, PETER 10540 AMIATA WAY #306 FORT MYERS, FL 33913	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Roy A. Kempf ROY A. KEMPF 4/24/08 239-481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #