


**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

40078515

DOCUMENT # N06000006887

1. Entity Name  
SINGLES AT PELICAN BAY, INC.



Principal Place of Business  
PO BOX 770573  
NAPLES, FL 34107

Mailing Address  
PO BOX 770573  
NAPLES, FL 34107

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

6. Name and Address of Current Registered Agent  
KRAUS, MICHAEL  
27499 RIVERVIEW CENTER BLVD., SUITE 23-A  
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT- DIRECTOR JIM JAMISON 900 L'AMBIANCE CIRCLE #101 NAPLES 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT- DIRECTOR RICHARD SOMERBY 886 TAMBARA DRIVE #203 NAPLES 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY- DIRECTOR SODELL WHEELER 813 PINE CREEK LANE NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER- DIRECTOR JOANNE LAIBINIS 780 WILLOWBROOK DRIVE #707 NAPLES 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT- DIRECTOR JIM JAMISON 900 L'AMBIANCE CIRCLE #101 NAPLES 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRESIDENT- DIRECTOR RICHARD SOMERBY 886 TAMBARA DRIVE #203 NAPLES 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY- DIRECTOR SODELL WHEELER 813 PINE CREEK LANE NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER- DIRECTOR JOANNE LAIBINIS 780 WILLOWBROOK DRIVE #707 NAPLES 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: Joanne A. Laibinis JOANNE A. LAIBINIS, TREASURER 4/19/07 254.1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Secretary of State  
04-23-2007 90284 008 \*\*\*\*61.25

40078513



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number Applied For  
Not Applicable

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