

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90039 041 ****70.00

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.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD JAMISON, JIM <input checked="" type="checkbox"/> Delete 900 L'AMIANCE CIRCLE #101 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDY DE VRIES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13020 HAMILTON HARBOR DRIVE I 3 NAPLES, FL 34110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMERBY, RICHARD <input type="checkbox"/> Delete 886 TANBARK DRIVE #203 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTELLE ROURKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1595 CAYMAN CT NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAIBINIS, JOANNE <input checked="" type="checkbox"/> Delete 780 WILLOWBROOK DRIVE #707 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES BURNES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9060 PALMAS GRANDE BLVD 20C NAPLES, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOANN LUSTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7032 PELICAN BAY BLVD NAPLES, FL 34108	
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: <i>James Burnes</i> (JAMES BURNES)			4/7/08 239 495-7608		