

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006887

FILED
Feb 04, 2009
Secretary of State

Entity Name: SINGLES AT PELICAN BAY, INC.

Current Principal Place of Business:

PO BOX 770573
NAPLES, FL 34107

New Principal Place of Business:

9060 PALMAS GRANDES BLVD
206
BONITA SPRINGS, FL 34135

Current Mailing Address:

PO BOX 770573
NAPLES, FL 34107

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUS, MICHAEL
27499 RIVERVIEW CENTER BLVD., SUITE 23-A
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE VRIES, SANDY
Address: 13020 HAMILTON HARBOR DR I3
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: ROURKE, ESTELLE
Address: 1595 CAYMAN CT
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: BURNES, JAMES
Address: 9060 PALMS GRANDE BLVD 20C
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: LUSTER, JOANNE
Address: 7032 PELICAN BAY BLVD
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BURNES

TD

02/04/2009

Electronic Signature of Signing Officer or Director

Date