2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000008652

AQUA AT PELICAN ISLE YACHT CLUB MARINA, INC.



			N. S.	TIES!								
C/O AQUA SALES GALLERY C/ 13240 tamiami trail n #204 13		Mailing Address C/O AQUA SALES GALLER 13240 TAMIAMI TRAIL N NAPLES, FL 34110			4 T T T T T	- 	PRIN EP/61 \E/4	and alle he	III II I I 1841			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282008 Ch	g-NP	CR2E037	(12/06)				
City & State		City & State			4. FEI Number 20-5948037				plied For			
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired		8.75 Add ee Required				
	6. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Re	gistered Ag	jent				
	•		Name									
SZABO, STEPHEN J III 100 NORTH TAMPA STREET SUITE 2700			Street Addres		s (P.O. Box Number is Not Acceptable)							
	L 33602-5804		İ									
,	£		City			,	FL	Zip Code	e			
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	gistered office or	r register	ed agent, or both, in t	he State of Flor	rida. I am fa	miliar with,	and accept			
	1											
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signat	ure required	when reinstating)		DATE					
Filling 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.	-	Trust Fund Cor				. Flori	da Departn	nent of St	ate			
10.	Due by May 1, 2008	Trust Fund Cor	ntribution.		Added to Fees	. Flori	da Departn IS AND DIRE	nent of St	ate			
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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.

CITY-ST-ZIP

SIGNATURE:

IGNING OFFICER OR DIRECTOR

FILED

May 28, 2008 8:00 am Secretary of State

05-28-2008 90009 038 ****61.25