

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/1:

FILED
Mar 06, 2007 8:00 am
Secretary of State

02-12-2007 90088 018 ****61.25

DOCUMENT # N06000012539					
1. Entity Name VIADANA AT PELICAN PRESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134			Mailing Address 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01242007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-8015870	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required-	
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN 24301 WALDEN CENTER DR STE 300 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 renewing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARDNER, JOHN <input type="checkbox"/> Delete 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCCHESENEY, VALERIE <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KEITH, SYLVIA <input type="checkbox"/> Delete 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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	VPD DYOROZNAK, BRIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134				
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				
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: <u>Sylvia Keith</u> SYLVIA KEITH 813-642-1454 2/7/07					