

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

07-28-2008 90028 025 ****61.25

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DOCUMENT # N06000012633 1. Entity Name PELICAN PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 771 AIRPORT ROAD NORTH SUITE #6 NAPLES, FL 34109			Mailing Address 771 AIRPORT ROAD NORTH SUITE #6 NAPLES, FL 34109		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-8178952	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For or Applicable	
6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
Filing Fee is \$61.25 Due by September 12, 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 LYDLE, RICHARD C 771 AIRPORT ROAD NORTH, SUITE 6 NAPLES, FL 34109	<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	VD JACKSON, THOMAS 771 AIRPORT ROAD NORTH, SUITE 6 NAPLES, FL 34109	<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	D MCGIRL, PATRICK 771 AIRPORT ROAD NORTH, SUITE 1 NAPLES, FL 34109	<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	ST LYDLE, PAMELA R 771 AIRPORT ROAD NORTH, SUITE 6 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7-25-08 239-649-0079 <small>Daytime Phone #</small>	