

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06977**

1. Entity Name

THE ASSOCIATION OF UNIT OWNERS OF THE  
REGISTRY HOTEL AT PELICAN BAY, INC.



Principal Place of Business

4001 TAMIAMI TR NORTH  
STE 250  
NAPLES FL 34103  
US

Mailing Address

4001 TAMIAMI TR NORTH  
STE 250  
NAPLES FL 34103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2354373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MC MACKIN, JOSEPH F III  
C/O BOND, SCHOENECK & KING, PA  
4001 TAMIAMI TR NORTH, STE 250  
NAPLES FL 34103

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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  
DP  
FEDER, DAVID J  
450 E. LAS OLAS BLVD., STE 1500  
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000127527  
04/26/04-80001-021 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VDS  
HANDLEY, RICHARD L ESQ  
450 E LAS OLAS BLVD STE 1500  
FT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
FINOCCHIDRO, MARY JO  
450 E LAS OLAS BLVD., STE 1500  
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MOOR, WAYNE  
450 E LAS OLAS BLVD., STE 1500  
FORT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Richard L Handley* *Richard L Handley* 3/8/04 954 627 5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #