

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008453

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** VICENZA AT PELICAN PRESERVE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

24301 WALDEN CENTER DRIVE SUITE 300  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

11784 WEST SAMPLE ROAD  
#103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8409 NO. MILITARY TRL, STE 123  
C/O CHERRY, EDGAR & SMITH, PA.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

11784 WEST SAMPLE ROAD  
#103  
CORAL SPRINGS, FL 33065

**FEI Number:** 71-1040280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN N  
24301 WALDEN CENTER DRIVE SUITE 300  
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: VD ( ) Delete  
Name: DVOROZNAK, BRIAN  
Address: 24301 WALDEN CENTER DRIVE SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD ( ) Delete  
Name: LEUKROTH, MATTHEW  
Address: 24301 WALDEN CENTER DRIVE SUITE 300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: HJORTAAS, ANDREW  
Address: 24301 WALDEN CENTER DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TDSD (X) Change ( ) Addition  
Name: DVOROZNAK, BRIAN  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD (X) Change ( ) Addition  
Name: EAST, JEFF  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD (X) Change ( ) Addition  
Name: BOYD, CONNIE  
Address: 24301 WALDEN CENTER DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

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: MARY LOU PALMER

AGT

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date