

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010589

FILED
Feb 10, 2008
Secretary of State

Entity Name: PELICAN POINTE WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

754 BACK NINE DRIVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

754 BACK NINE DRIVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 26-1352141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLITOR, HELEN
754 BACK NINE DRIVE
VENICE, FL 34285 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: PD () Delete
Name: FREDERICK, FRAN
Address: 1913 SAN SILVESTRO DRIVE
City-St-Zip: VENICE, FL 34285

Title: VPD () Delete
Name: MCCREE, JOANNE
Address: 1327 TUSCANY BLVD.
City-St-Zip: VENICE, FL 34295

Title: DS () Delete
Name: FAIRLIE, GAIL
Address: 1236 TUSCANY BLVD.
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: MOLITOR, HELEN
Address: 754 BACK NINE DRIVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: MALONE, BONNIE
Address: 9940 CHICKADEE DRIVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HARRISON, ANNE
Address: 811 BLUE CRANE DRIVE
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HELEN MOLITOR

TD

02/10/2008

Electronic Signature of Signing Officer or Director

Date