

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90367 012 ****61.25



DOCUMENT # N15745
 1. Entity Name
ROYAL PELICAN ASSOCIATION, INC.

Principal Place of Business
**4511-4591 BAY BEACH LANE
 FT. MYERS, FL 33931 US**

Mailing Address
**13611-6 MCGREGOR BLVD.
 FORT MYERS, FL 33919 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
**6700 Winkler Rd
 #2
 Ft. Myers, FL
 33919 US**

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2691477

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MONARCH ASSOCIATION MANAGMENT, INC
 13611-6 MCGREGOR BLVD.
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
 Name **Alliant Property manmt**
 Street Address (P.O. Box Number is Not Acceptable)
6700 Winkler Rd #2
 City **Ft. Myers** FL Zip Code **33919**

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 *Jack Strohm* **JACK STROHM** 4-10-06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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	PD3 WOIKE, EDWARD 13483 TURTLE POND LANE PALOS HEIGHTS, IL 60463 <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	TD DOW, IAN RR 1 PORTLAND, ONT, k0g 1v0 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, JEAN A 4511 BAY BEACH LANE #111 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete BARBA, RICHARD 4561 BAY BEACH LANE #363 FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Owens <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1840 Eagle Bay Dr. Bloomington, IN 47401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACI, AL 4521 BAY BEACH LM #122 FORT MYERS BEACH, FL 33931 <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	<input type="checkbox"/> Delete	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: *Edward Woike* **Edward Woike** 4-20-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #