

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90173 037 ****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
6700 WINKLER RD #2
FORT MYERS, FL 33919 US

40040100



Alliant Property Mgmt.
6719 Winkler Rd. Suite 200
Ft. Myers, FL 33919

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Ft. Myers, FL 33919

03222007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2691477

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLIANT PROPERTY MGMT
6700 WINKLER RD #2
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Alliant Property Mgmt.
6719 Winkler Rd. Suite 200
Ft. Myers, FL 33919

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

Millie Storch VP agent

3-26-07

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, 2007

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

TITLE PD3 ☐ Delete
NAME WOIKE, EDWARD
STREET ADDRESS 13483 TURTLE POND LANE
CITY-ST-ZIP PALOS HEIGHTS, IL 60463

TITLE ST ☐ Delete
NAME DOW, IAN
STREET ADDRESS RR 1
CITY-ST-ZIP PORTLAND, ONT, k0g 1v0

TITLE VP ☐ Delete
NAME WALKER, JEAN A
STREET ADDRESS 4511 BAY BEACH LANE #111
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE D ☐ Delete
NAME OWENS, STEVE
STREET ADDRESS 1846 EAGLE BAY DR.
CITY-ST-ZIP BLOOMINGTON, IN 47401

TITLE D ☐ Delete
NAME MACI, AL
STREET ADDRESS 4521 BAY BEACH LM #122
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

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: IAN I. DOW *San I. Dow* **MAR 29/07** **239-463-7797**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #