
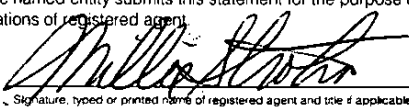


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90344 020 \*\*\*\*61.25

<b>DOCUMENT # N15745</b>			
1. Entity Name ROYAL PELICAN ASSOCIATION, INC.			
Principal Place of Business ALLIANT PROPERTY MGMT 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US		Mailing Address ALLIANT PROPERTY MGMT 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		02072008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2691477	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLIANT PROPERTY MGMT 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919		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 		Agent	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered agent signature required when reinstating)	
		DATE 4-22-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD3 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOIKE, EDWARD	NAME	
STREET ADDRESS	13483 TURTLE POND LANE	STREET ADDRESS	
CITY-ST-ZIP	PALOS HEIGHTS, IL 60463	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	TD Ian Dow <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOW, IAN	NAME	
STREET ADDRESS	RR 1	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND, ONT, k0g 1v0	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JEAN A	NAME	
STREET ADDRESS	4511 BAY BEACH LANE #111	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	PD Steve Owen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, STEVE	NAME	
STREET ADDRESS	1846 EAGLE BAY DR.	STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON, IN 47401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACI, AL	NAME	
STREET ADDRESS	4521 BAY BEACH LM #122	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SD Robert Elliot <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	73 Country Club Rd
CITY-ST-ZIP		CITY-ST-ZIP	Bath Ontario Canada K0H1G0
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: 		TREASURER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-22-2008 Daytime Phone # CANADA	

40084457

