
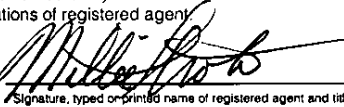
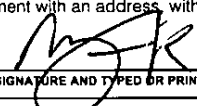


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90476 007 \*\*\*\*61.25

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N15746</b>   |   |                                       |  |
| 1. Entity Name<br>ROYAL PELICAN BOATING ASSOCIATION, INC.  |   |  |  |
| Principal Place of Business<br>6700 WINKLER RD #2<br>FORT MYERS, FL 33919  |   | Mailing Address<br>6700 WINKLER RD #2<br>FORT MYERS, FL 33919  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |  |  |
| Suite, Apt.  |   |  |  |
| City & Stat: Alliant Property Management, LLC<br>6719 Winkler Road, Suite 200<br>Fort Myers, FL 33919  |   | 4. FEI Number<br>59-2691481  |  |
| Zip  |   | Country  |  |
| 6. Name and Address of Current Registered Agent  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                               |  |
| ALLIANCE PROP. MANAGEMENT<br>6700 WINKLER RD<br>FORT MYERS, FL 33919   |   | Name<br>Street Address: Alliant Property Management, LLC<br>6719 Winkler Road, Suite 200<br>City: Fort Myers, FL 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:    |   | Agent: <u>Millie Strohm</u> DATE: <u>4-19-07</u>   |  |
| Filing Fee is \$61.25 Due by May 1, 2007   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>BECKER, JIM<br>4551 BAY BEACH LANE #253<br>FORT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Richard Barba <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>MERSING, LARRY<br>4531 BAY BEACH LANE #234<br>FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>VEITH, GERHARD<br>826 SW 47TH ST.<br>CAPE CORAL, FL 33914 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SACCO, CARMINE<br>4591 BAY BEACH LN #191<br>FORT MYERS BEACH, FL 33531 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BUEHLER, BILL<br>35 FIELDSTONE<br>POLAND, OH 44514 <input type="checkbox"/> Delete                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | / <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |   | Date: <u>239-454-1101</u>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Daytime Phone #  |  |

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04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2691481 Applied For Not Applicable

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

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