

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18273

FILED  
Apr 16, 2007  
Secretary of State

**Entity Name:** GLENCOVE IN PELICAN BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5800 GLENCOVE DRIVE  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10369  
NAPLES, FL 34101 US

**New Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113 US

**FEI Number:** 59-2750915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYDEN AND ASSOCIATES  
8359 BEACON BLVD  
SUITE 213  
FORT MYERS, FL 33907 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: VD ( ) Delete  
Name: ZAGEL, RON  
Address: 5813 GLENCOVE DR #110  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: KEEGAN, ROBERTAL  
Address: 5815 GLENCOVE DR #1208  
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete  
Name: MAUDLIN, VERA  
Address: 5802 GLENCOVE DRIVE #303  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: DELLER, DIANA  
Address: 5803 GLENCOVE DR 601  
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete  
Name: GIFFORD, CATHRINE  
Address: 5815 GLENCOVE DR 1203  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: KEEGAN, BOBBIE  
Address: 5815 GLENCOVE DR #1208  
City-St-Zip: NAPLES, FL 34108

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

Title: SD (X) Change ( ) Addition  
Name: GLEIXZNER, GENE  
Address: 5800 GLENCOVE DR, #201  
City-St-Zip: NAPLES, FL 34108

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHY GIFFORD

PD

04/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date