2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18273

FILED Apr 28, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5800 GLENCOVE DRIVE NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113

OFFICERS AND DIRECTORS:

FEI Number: 59-2750915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOLDMAN, ELLEN A ESQ PORTER WRIGHT MORRIS & ARTHUR LLP 5801 PELICAN BAY BLVD., STE. 300 NAPLES, FL 34108 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

ZAGEL, RON ZAGEL, RON Name: Name: 5813 GLENCOVE DR #110 Address: 5813 GLENCOVE DR #110 Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: VD () Delete Title: () Change () Addition

KEEGAN, BOBBIE Name: Name: Address: 5815 GLENCOVE DR #1208 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

Title: () Delete Title: PD (X) Change () Addition

MAUDLIN, VERA MAUDLIN, VERA Name: Name:

5802 GLENCOVE DRIVE #303 5802 GLENCOVE DRIVE #303 Address: Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: SD () Delete Title: () Change () Addition

Name: GLEIXZNER, GENE Name: 5800 GLENCOVE DR, #201 Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

Title: () Delete Title: VD (X) Change () Addition

GIFFORD, CATHRINE GIFFORD, CATHRINE Name: Name: 5815 GLENCOVE DR 1203 5815 GLENCOVE DR 1203 Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify 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: VERA MAUDLIN PD 04/28/2008