


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 011 \*\*\*\*61.25

<b>DOCUMENT # N25008</b> 1. Entity Name <b>VALENCIA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1440 RAIL HEAD BLVD #6 NAPLES, FL 34110 US</b>			Mailing Address <b>1440 RAIL HEAD BLVD #6 NAPLES, FL 34110 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6501 Valen Way</b> Suite, Apt. #, etc.			3. Mailing Address <b>6501 Valen Way</b> Suite, Apt. #, etc.		
City & State <b>Naples FL</b> Zip <b>34108</b>			City & State <b>Naples FL</b> Zip <b>34108</b>		
Country <b>Collier</b>			Country <b>Collier</b>		
4. FEI Number <b>65-0031965</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A. ATTN: GREGORY MARLER 999 VANDERBILT BEACH RD.SUITE 501 NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALZER, SALLY 6510 VALEN WAY NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hurst, Arthur 6525 Valen Way, D101 Naples, FL 34108
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOE 6510 VALEN WAY B 103 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Schlegel, James 6510 Valen Way, B501 Naples, FL 34108
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMEO, ERNEST 6535 VALEN WAY NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Romeo, Ernest 6535 Valen Way E101 Naples FL 34108
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITZ, ALEX 6515 VALEN WAY H201 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYRE, MARCUS 6520 VALEN WAY #305-C NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hyre, marcus 6520 Valen Way C305 Naples FL 34108
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETHEIL, MIKE 6500 VALEN WAY A103 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bethell, michael 6500 Valen Way A103 Naples FL 34108
				<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.					
<b>SIGNATURE:</b> _____ <b>7/20/2008</b> <b>239-598-2696</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					