2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N27673

Entity Name: THE VILLAS OF PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MANAGEMENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2928026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A AGENT
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: PD ( ) Delete
Name: LOGAN, DEBBIE
Address: 6649 TRIDENT WAY
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete
Name: HAID, DAVID
Address: 571 GULF PARK DRIVE
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: UNGER, GERALD
Address: 6660 TRIDENT WAY
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete
Name: SHORT, SUSAN
Address: 6652 TRIDENT WAY
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete
Name: MCCULLOUGH, RUDY
Address: 6631 TRIDENT WAY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: BOEHLING, DAVID
Address: 581 GULF PARK DRIVE
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 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: DEBBIE LOGAN PD 01/16/2009
Electronic Signature of Signing Officer or Director Date