

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27673

FILED  
Feb 29, 2012  
Secretary of State

**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  
Name: KENNEDY, KYRAN  
Address: 6638 TRIDENT WAY  
City-St-Zip: NAPLES, FL 34108

Title: VD  
Name: MCCULLOUGH, RUDY  
Address: 6631 TRIDENT WAY  
City-St-Zip: NAPLES, FL 34108

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

Title: TD  
Name: TAVOLACCI, JOSEPH  
Address: 6659 TRIDENT WAY  
City-St-Zip: NAPLES, FL 34108

Title: D  
Name: HAID, DAVID  
Address: 571 GULF PARK DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: TD  
Name: HIGLEY, MARY  
Address: 6638 TRIDENT WAY  
City-St-Zip: NAPLES, FL 34108

I hereby 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 all other like empowered.

SIGNATURE: KYRAN KENNEDY

PD

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date