

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29033

FILED
Apr 23, 2007
Secretary of State

Entity Name: PELICAN BAY RETIREMENT SERVICES, INC.

Current Principal Place of Business:

100 GLENVIEW PL
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

100 GLENVIEW PL
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0080204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROETZEL, ANDRESS
850 PARK SHORE DRIVE
TRIANAN CENTRE, THIRD FLOOR
NAPLES, FL 34103 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: SMITH, CARL
Address: 100 GLENVIEW PLACE PH-5
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: TREADWELL, DONALD
Address: 100 GLENVIEW PLACE, #411
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: ROGERS, COURTENAY
Address: 100 GLENVIEW PLACE #211
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: HOOKER, MARGARET
Address: 100 GLENVIEW PLACE, #900
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: COOPER, PAUL
Address: 100 GLENVIEW PLACE #913
City-St-Zip: NAPLES, FL 34108

Title: SD () Delete
Name: FOREMAN, ELIZABETH
Address: 100 GLENVIEW PLACE, #311
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: VD (X) Change () Addition
Name: BAKER, RICHARD
Address: 100 GLENVIEW PLACE, #300
City-St-Zip: NAPLES, FL 34108

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

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: CARL G. SMITH

PD

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date