

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29033

FILED
Mar 29, 2012
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:

C. NEIL, GREGORY
4001 TAMIAMI TRAIL NORTH
SUITE 250
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: TD
Name: PAYNE, JAMES
Address: 100 GLENVIEW PLACE #307
City-St-Zip: NAPLES, FL 34108

Title: PD
Name: MORRISON, JAMES
Address: 100 GLENVIEW PLACE, #904
City-St-Zip: NAPLES, FL 34108

Title: VD
Name: SANDRITTER, FRED
Address: 100 GLENVIEW PLACE #1009
City-St-Zip: NAPLES, FL 34108

Title: VD
Name: STEWART, STEELE
Address: 100 GLENVIEW PLACE, #511
City-St-Zip: NAPLES, FL 34108

Title: SD
Name: CUMMINGS, WILLIAM
Address: 100 GLENVIEW PLACE #1011
City-St-Zip: NAPLES, FL 34108

Title: VD
Name: FARRAR, WILLIAM
Address: 100 GLENVIEW PLACE, #712
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: JAMES F MORRISON

PRES

03/29/2012

Electronic Signature of Signing Officer or Director

Date