


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 035 ****70.00

DOCUMENT # N49050 1. Entity Name THE FOUNDATION OF PELICAN MARSH, INC.					
Principal Place of Business 1498 PELICAN MARSH BLVD NAPLES, FL 34109 US			Mailing Address 1498 PELICAN MARSH BLVD STE 300 NAPLES, FL 34109 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF, P.A. BANK OF AMERICA CENTER 4501 TAMiami TRAIL N., SUITE 214 NAPLES, FL 34103-0000				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHUEY, JOHN 8832 MUIRFIELD DR. NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shuey, John 8832 Muirfield Dr Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARBONE, JERRY 2340 MONT CLAIRE DRIVE #202 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, WAYNE O 1385 WOOD DUCK TRAIL NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Smith, Wayne O. 1385 Wood Duck Trail Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMBURRO, ROCCO 1835 LES CHATEAUX #302 NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLER, LARRY 9017 WHIMBREL WATCH LN. #102 NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carter, James 2308 Tumburro Ct. Naples FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILL, DON 2354 CHESHIRE LN. NAPLES, FL 34109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
SIGNATURE: Frank Garofalo, Sec <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>5/25/06</u> 239 Daytime Phone # <u>596 6760</u>					

50020716



05242006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0348726

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**


FL

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Page 2

ATTACHMENT

5020716

DOCUMENT # N49050 <small>1. Entity Name</small> THE FOUNDATION OF PELICAN MARSH, INC.					
<small>Principal Place of Business</small> 1498 PELICAN MARSH BLVD NAPLES, FL 34109 US			<small>Mailing Address</small> 1498 PELICAN MARSH BLVD STE 300 NAPLES, FL 34109 US		
2. Principal Place of Business <small>Suite, Apt. #, etc.</small>		3. Mailing Address <small>Suite, Apt. #, etc.</small>		05242006 Chg-NP CR2E037 (4/06)	
<small>City & State</small>		<small>City & State</small>		4. FEI Number 65-0348726	
<small>Zip</small>		<small>Country</small>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. BANK OF AMERICA CENTER 4501 TAMiami TRAIL N., SUITE 214 NAPLES, FL 34103-0000				7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>	
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>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
<small>TITLE</small> VP <small>NAME</small> SHUEY, JOHN <small>STREET ADDRESS</small> 8832 MUIRFIELD DR. <small>CITY-ST-ZIP</small> NAPLES, FL 34109	<input type="checkbox"/> Delete		<small>TITLE</small> S <small>NAME</small> Garofalo, Frank <small>STREET ADDRESS</small> 1711 ROSSIMON DR <small>CITY-ST-ZIP</small> NAPLES FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> VP <small>NAME</small> CARBONE, JERRY <small>STREET ADDRESS</small> 2340 MONT CLAIRE DRIVE #202 <small>CITY-ST-ZIP</small> NAPLES, FL 34109	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> S <small>NAME</small> SMITH, WAYNE O <small>STREET ADDRESS</small> 1385 WOOD DUCK TRAIL <small>CITY-ST-ZIP</small> NAPLES, FL 34109	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> TAMBURRO, ROCCO <small>STREET ADDRESS</small> 1835 LES CHATEAUX #382 <small>CITY-ST-ZIP</small> NAPLES, FL 34109	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> D <small>NAME</small> KELLER, LARRY <small>STREET ADDRESS</small> 9017 WHIMBREL WATCH LN. #102 <small>CITY-ST-ZIP</small> NAPLES, FL 34109	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> T <small>NAME</small> HILL, DON <small>STREET ADDRESS</small> 2354 CHESHIRE LN. <small>CITY-ST-ZIP</small> NAPLES, FL 34109	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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.					
SIGNATURE: Frank Garofalo, Sec <i>[Signature]</i> 5/24/06 596 6760 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

Page 2 - ATTACHMENT



ATTACHMENT

58080716
#1149050

THE FOUNDATION OF PELICAN MARSH, INC.

1498 Pelican Marsh Boulevard

Naples, Florida 34109

(239) 594-7800 • Fax (239) 594-1811

May 24, 2006

Florida Dept. of State
Division of Corp.
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir;

Enclosed please find the 2006 Not-For-Profit Corporation Annual Report for The Foundation Of Pelican Marsh, Inc. and a check for \$70.00. The check represents the filing fee of \$61.25 and \$8.75 for the Certificate of Status.

Please note that there are seven (7) Foundation Board members listed as below:

Pres.	Shuey, John
V. Pres.	Carbone, Jerry
Sec.	Garofalo, Frank
Treas.	Hill, Don
Director	Smith, Wayne O.
Director	Carter, James
Director	Tamburro, Dr. Rocco

If you have any questions, please do not hesitate to contact me.

Sincerely,

Gretchen Newell
Administrative Assistant