## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # N49050** 04-12-2007 90043 029 \*\*\*\*70.00 THE FOUNDATION OF PELICAN MARSH, INC. Principal Place of Business Mailing Address 4000000 1498 PELICAN MARSH BLVD 1498 PELICAN MARSH BLVD NAPLES, FL 34109 US STE 300 NAPLES, FL 34109 US 2. Principal Place of Business - No P.O. Box # 1504 Palican Marsh Blud 3. Mailing Address 1504 PELICAD MARSH BlW Suite, Apt. #, etc Suite, Apt. #, etc 04052007 Chq-NP CR2E037 (12/06) 4. FEI Number 65-0348726 City & State City & State Applied For 3910A Not Applicable <u>NADHS</u> Country Country \$8.75 Additional 5. Certificate of Status Desired トミレ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) BANK OF AMERICA CENTER 4501 TAMIAMI TRAIL N., SUITE 214 NAPLES, FL 34103-0000 Zip Code F١ 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typeo or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition SHUEY, JOHN NAME 704V NAME nair 8832 MUIRFIELD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP VΡ Change TITLE ☐ Delete TITLE ☐ Addition CARBONE, JERRY MAME MAME STREET ADDRESS 2340 MONT CLAIRE DRIVE #202 STREET ADORESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition 3 on yaya intim. SMITH, LOAYUIDO O NAME NAME STREET ADDRESS 1385 WOOD DUCK TRL STREET ADDRESS Dood 3881 NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE TAMBURRO, ROCCO NAME NAME TAMBURRO, ROCCO STREET ADDRESS 1835 LES CHATEAUX #302 STREET ADDRESS 1835 LES CHATEAUX, CITY - ST- ZIP NAPLES, FL 34109 CITY-ST-ZIP Accition Change TITLE ☐ Celere TITLE CARTER JAMES CARTER, JAMES NAME NAME 2305 TURNBARRY CT 3305 TUQDDEARY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34109 ☐ Addition Delete TITLE fille HILL, DON $\rho$ o $\sigma$ NAME NAME 2354 Chashier In 2354 CHESHIRE LN. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 10AD les F1 34109 CITY-ST-7IP 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.

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## DOCUMENT # N49050 THE FOUNDATION OF PELICAN MARSH, INC. Principal Place of Business Mailing Address 1498 PELICAN MARSH BLVD 1498 PELICAN MARSH BLVD NAPLES, FL 34109 US STE 300 NAPLES, FL 34109 .40058596 2. Principal Place of Business, No P.O. Bex.# 3. Mailing Address 1504 PENCAD MARSH Blod Suite, Apt. #, etc. Suite, Apt. #. etc 04052007 CR2E037 (12/06) Cha-NP 4. FEI Number 65-0348726 City & State City & State Applied For 2910A Not Applicable Country 15A Country \$8.75 Additional 5. Certificate of Status Desired 109 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECKER & POLIAKOFF, P.A. BANK OF AMERICA CENTER Street Address (P.O. Box Number is Not Acceptable) 4501 TAMIAMI TRAIL N., SUITE 214 NAPLES, FL 34103-0000 Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when re-instating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIELE ☐ Delete TITLE Change Addition SHUKY, JOHN ralo, trans NAME NAME 8832 MUIRFIELD DR STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE Change ☐ Addition CARBONE, JERRY NAME NAME 2340 MONT CLAIRE DRIVE #202 STREET ADDRESS STREET ADDRESS NAPLES, FL 34100 CITY-ST-ZIP CITY - ST - ZIP TITLE □ Delete TITLE Change Addition SMITH, LOAYUIDO O NAME NAME STREET ADDRESS 1385 WOOD DUCK TRL STREET ADDRESS NAPLES, FL 34108 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Addition Change TAMBURRO, ROCCO NAME NAME STREET ADDRESS 1835 LES CHATEAUX #302 STREET ADDRESS NAPLES, FL 34109 CITY - ST - ZIP CITY ST-ZIP TITLE Delete TITLE Addition ☐ Change CARTER, JAMES NAME NAME 2305 TURMBARRY CT STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY - ST - ZIP CITY-ST-ZIP Addition HILE 🔼 Celete TITLE ☐ Change NAME HILL, DON NAME 2854 CHESHIRE LN. STREET ADORESS STREET ADDRESS CITY-ST-7IP (NAPLES, FL 34109 CITY - ST- ZIP 12. Thereby 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

4-9-2007