

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000108

FILED
Apr 18, 2007
Secretary of State

Entity Name: POINTE VERDE AT PELICAN BAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

6000 VERDE WAY
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

FEI Number: 65-0461083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL
4985 E TAMiami TRAIL
NAPLES, FL 34113 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: PICKENPACK, THEIS
Address: 6947 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: VD () Delete
Name: FITERMAN, STEVE
Address: 6967 VERDE WAY
City-St-Zip: NAPLES, FL 34108

Title: STD () Delete
Name: GIANASCOLI, JOSEPH
Address: 6954 VERDE WAY
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: WEARDON, TODD
Address: 6955 VERDE WAY
City-St-Zip: NAPLES, FL 34108

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

Title: PD (X) Change () Addition
Name: GIANASCOLI, JOSEPH
Address: 6954 VERDE WAY
City-St-Zip: NAPLES, FL 34108

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: JOSEPH GIANASCOLI

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date