2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9300000108

US

FILED Apr 15, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6000 VERDE WAY NAPLES, FL 34108

Current Mailing Address: 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: Name and Address of New Registered Agent:

HART, STEPHEN P COLLIER FINANCIAL 4985 E TAMIAMI TRIAL NAPLES, FL 34113 US

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 Degistered Agent

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 VD (X) Change () Addition

 Name:
 WEARDON, TODD
 Name:
 HESS, JOHANN T

 Address:
 6955 VERDE WAY
 Address:
 6966 VERDE WAY

 Address:
 6955 VERDE WAY
 Address:
 6966 VERDE WAY

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34108

 Title:
 D
 () Delete
 Title:
 STD
 (X) Change () Addition

 Name:
 FITERMAN, STEVE
 Name:
 PHILLIPS, GEORGE

 Address:
 6967VERDE WAY
 Address:
 6959 VERDE WAY

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34108

 Name:
 GIANASCOLI, JOSEPH
 Name:
 GIANASCOLI, JOSEPH

 Address:
 6954 VERDE WAY
 Address:
 6954 VERDE WAY

 City-St-Zip:
 NAPLES, FL 34108
 City-St-Zip:
 NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify 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 04/15/2009