

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000534

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE POINTE OF PELICAN BAY MASTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 VIA MEZNER
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0482631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE PROPERTY MANAGEMENT
1337 EGRET'S LANDING
#102
NAPLES, FL 34108 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: SNEE, JACK
Address: 630 VIA MEZNER #1002
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: STRATTON, KINGLEY
Address: 5216 EASTWIND
City-St-Zip: LOUISVILLE, KY 40207

Title: VP () Delete
Name: GRAVENHORST, TED
Address: 505 VIA MEZNER #201
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: STRATTON, KINGLEY
Address: 5216 EASTWIND
City-St-Zip: LOUISVILLE, KY 40207

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

Title: TD () Change (X) Addition
Name: HAAS, ROBERT
Address: 565 VIA VENETTO #202
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: JACK SNEE

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date