

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90130 042 \*\*\*\*61.25

<b>DOCUMENT # N94000003532</b>	
1. Entity Name PELICAN ISLE MASTER ASSOCIATION, INC.	
Principal Place of Business C/O INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET N, #201 NAPLES, FL 34103 US	Mailing Address C/O INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET N, #201 NAPLES, FL 34103 US



40043300



PELICAN ISLE MASTER ASSOC., INC.  
435 DOCKSIDE DRIVE  
UNIT #203  
NAPLES, FLORIDA  
34110

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435 DOCKSIDE DRIVE  
UNIT #203  
NAPLES, FLORIDA  
34110

007 Chg-NP CR2E037 (12/06)

Number -3290620	Applied For Not Applicable
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Statement of Status Desired ☐ \$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
SAMOUCÉ, ROBERT C 5405 PARK CENTRAL COURT NAPLES, FL 34109	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>ND DIRECTORS IN 10</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRISKEY, BEN 425 DOCKSIDE DR 0501 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANE, CRAIG 435 DOCKSIDE DR 0402 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST POFAHL, AL 445 DOCKSIDE DR 0802 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KINDSVATER, JACK 425 DOCKSIDE DR 0903 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARESE, PAT 5701 CYPRESS HOLLOW WAY NAPLES, FL 34109 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLENNIX, GARY 425 DOCKSIDE DR 0805 NAPLES, FL 34110 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD KINDSVATER, JACK 425 DOCKSIDE DRIVE, UNIT #0903 NAPLES, FLORIDA 34110  VPD MULLENNIX, GARY 425 DOCKSIDE DRIVE, UNIT #0805 NAPLES, FLORIDA 34110  TSD KURAS, JIM 425 DOCKSIDE DRIVE, UNIT #0401 NAPLES, FLORIDA 34110  D POFAHL, AL 445 DOCKSIDE DRIVE, UNIT #0802 NAPLES, FLORIDA 34110  D FRANE, CRAIG 435 DOCKSIDE DRIVE, UNIT #0402 NAPLES, FLORIDA 34110		

12. I hereby certify that the information supplied with this filing does not qualify for the 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.

I hereby 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Craig Frane* **Craig Frane Director** 3/23/07 513.1562