

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003532

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: PELICAN ISLE MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

435 DOCKSIDE DR  
UNIT#203  
NAPLES, FL 34110 US

## New Principal Place of Business:

## Current Mailing Address:

435 DOCKSIDE DR  
UNIT#203  
NAPLES, FL 34110 US

## New Mailing Address:

FEI Number: 59-3290620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C  
5405 PARK CENTRAL COURT  
NAPLES, FL 34109 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: KURAS, JIM  
Address: 425 DOCKSIDE DR. UNIT #401  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: BACHE, JACK  
Address: 9100 TERRABELLE CT  
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete  
Name: HENDRICKS, KAREN  
Address: 445 DOCKSIDE DR, UNIT #702  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: REUSS, RITA  
Address: 435 DOCKSIDE DR, UNIT #1003  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: FRANE, CRAIG  
Address: 435 DOCKSIDE DR, UNIT #402  
City-St-Zip: NAPLES, FL 34110

Title: CAM ( ) Delete  
Name: RIDDELL, GIL  
Address: 435 DOCKSIDE DR, UNIT #203  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KURAS, JIM  
Address: 425 DOCKSIDE DR. UNIT #401  
City-St-Zip: NAPLES, FL 34110

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

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

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

Title: PD (X) Change ( ) Addition  
Name: FRANE, CRAIG  
Address: 435 DOCKSIDE DR, UNIT #402  
City-St-Zip: NAPLES, FL 34110

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

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: GIL RIDDELL

CAM

04/01/2009

Electronic Signature of Signing Officer or Director

Date