

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003532

FILED
Mar 24, 2010
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: D
Name: KURAS, JIM
Address: 425 DOCKSIDE DR. UNIT #401
City-St-Zip: NAPLES, FL 34110

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

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

Title: D
Name: NUCKOLLS, BRETT
Address: 425 DOCKSIDE DR, UNIT #PH02
City-St-Zip: NAPLES, FL 34110

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

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

I hereby 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 all other like empowered.

SIGNATURE: GIL RIDDELL

CAM

03/24/2010

Electronic Signature of Signing Officer or Director

Date