2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003532

FILED Apr 11, 2011 Secretary of State

Entity Name: PELICAN ISLE MASTER ASSOCIATION, INC.

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

435 DOCKSIDE DR

UNIT#203

NAPLES, FL 34110 US

Current Mailing Address: New Mailing Address:

435 DOCKSIDE DR

UNIT#203

NAPLES, FL 34110 US

FEI Number: 59-3290620 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:

SAMOUCE, ROBERT C 5405 PARK CENTRAL COURT NAPLES, FL 34109 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 Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: BRISKEY, BEN

Address: 425 DOCKSIDE DR. UNIT #501

City-St-Zip: NAPLES, FL 34110

Title:

Name: RYAN, DAVID

Address: 8930 BAY COLONY DR. UNIT #1601

City-St-Zip: NAPLES, FL 34108

Title: PD

Name: HENDRICKS, KAREN

Address: 445 DOCKSIDE DR, UNIT #702

City-St-Zip: NAPLES, FL 34110

Title: STD

Name: NUCKOLLS, BRETT

Address: 425 DOCKSIDE DR, UNIT #PH02

City-St-Zip: NAPLES, FL 34110

Title:

Name: MARTIN, RICHARD

Address: 435 DOCKSIDE DR, UNIT #1004

City-St-Zip: NAPLES, FL 34110

 Title:
 LCAM

 Name:
 RIDDELL, GIL

 Address:
 921 MANATEE RD

 City-St-Zip:
 NAPLES, FL 34114

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 LCAM 04/11/2011