

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004437

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** THE COTTAGES AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE, SUITE 2  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE, SUITE 2  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 65-0533491

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GELLES, BOB  
SCHOO MANAGEMENT, INC.  
9411 CYPRESS LAKE DRIVE, SUITE 2  
FORT MYERS, FL 33919 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: TD ( ) Delete  
Name: WICKER, DOUGLAS  
Address: 3664 OLD COLLEGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete  
Name: SARTON, RANDY  
Address: 3660 OLDE COTTAGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete  
Name: MCNEIL, TOM  
Address: 3679 OLDE COTTAGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ROBERT E GELLES

CAM

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date