2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004550

FILED Mar 26, 2009 Secretary of State

Entity Name: ASCOT AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.

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

C/O KMA COMPANY C/O KMA COMPANY

PO BOX 111802 9844 LUNA CIRCLE, #D103 NAPLES, FL 34108 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

C/O KMA COMPANY PO BOX 111802 NAPLES, FL 34108

FEI Number: 65-0581232 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:

KMA COMPANY SOLOMON, HERB CAM 9844 LUNA CIR 9844 LUNA CIR

D103 # D103 NAPLES, FL 34109 US 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: HERB SOLOMON 03/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete (X) Change () Addition FISHER, WILLIAM FISHER, WILLIAM Name: Name:

3773 ASCOT BEND CT Address: 3773 ASCOT BEND CT Address: City-St-Zip: BONITA SPRINGS, FL 341347 City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete Title: (X) Change () Addition

MOORE, JOHN Name: MOORE, JOHN Name: Address: 25041 ASCOT BEND CT Address: 25041 ASCOT BEND CT City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: (X) Change () Addition

CAMPANARO, NANCY DYE, MICHAEL Name: Name: 3729 ASCOT BEND CT. Address: Address: 25051 ASCOT LAKE COURT

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete Title: () Change () Addition

Name: DICOSMO, TOLLY Name: Address: 2740 ASCOT BED CT Address: BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SOUTH, JULIA Name: Name: PRITT, BOB

3752 ASCOT BEND CT. 25070 ASCOT LAKE COURT Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

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: HERB SOLOMON CAM 03/26/2009

Electronic Signature of Signing Officer or Director

Date