

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004550

FILED  
Mar 28, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O KMA COMPANY  
9844 LUNA CIRCLE, #D103  
NAPLES, FL 34109

**New Principal Place of Business:**

C/O KMA COMPANY  
7935 AIRPORT RD N, SUITE #200  
NAPLES, FL 34109

**Current Mailing Address:**

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

**New Mailing Address:**

C/O KMA COMPANY  
7935 AIRPORT RD N, SUITE #200  
NAPLES, FL 34109

**FEI Number:** 65-0581232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLOMON, HERB CAM  
9844 LUNA CIR  
# D103  
NAPLES, FL 34109 US

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

SOLOMON, HERB CAM  
7935 AIRPORT RD N  
SUITE #200  
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:

03/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SOUTH, MARTIN  
Address: 3752 ASCOT BEND COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP  
Name: SEDGWICK, TOM  
Address: 3741 ASCOT BEND CT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD  
Name: MAJOR, EYDIE  
Address: 25050 ASCOT LAKE COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD  
Name: HARLOW, FRED  
Address: 3756 ASCOT BEND COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: FRIEDEL, WOLFGANG  
Address: 3718 ASCOT BEND COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

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: HERB SOLOMON

MGR

03/28/2012

Electronic Signature of Signing Officer or Director

Date