2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90515 035 ****61.25

DOCUMENT # N95000003597

1. Entity Name
THE RESIDENCES AT PELICAN ISLE YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

J94000016

Principal Place of Business	Mailing Address
886 1110 AVE N. STE 7 NAPLES, FL 34108	886 1110 AVE N. STE 7 NAPLES, FL 34108 US

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3347295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARNER, BRYAN J
886 110TH AVE N
#7
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAWSON, TULLY 445 DOCKSIDE DR., #703 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Michael Brookman 435 Dockside Dr #601 Naples, FL 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSTER, GENE 435 DOCKSIDE DR, #401 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Charles Goodell 425 Dockside Dr #206 Naples, FL 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PENDLETON, JIM 11621 TOMAHAWK CREEK PKWY, APT F LEAWOOD, KS 66211	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Gary Mullinex 425 Dockside Dr. #805 Naples, FL 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REUSS, RITA 435 DOCKSIDE DR 1003 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Rosemary Pofahl 445 Dockside Dr. #802 Naples, FL 34110
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOTHE, STEFAN 425 DOCKSIDE DR #401 NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COOPER, ROBERT 445 DOCKSIDE DR., #501 NAPLES, FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #