2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-30-2007 90130 043 ****61.25

40045382

DOCUMENT # N95000003597

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

Principal Place of Business	Mailing Address
C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH # 201 NAPLES, FL 34103	C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH # 201 NAPLES, FL 34103 US

2. Principal Place of Business - No P.O. Box #
THE RESIDENCE AT PELICAN ISLE
435 DOCKSIDE DRIVE
UNIT #203
NAPLES, FLORIDA
34110

3. Mailing Address
THE RESIDENCE AT PELICAN ISLE
435 DOCKSIDE DRIVE
UNIT #203
NAPLES, FLORIDA
34110

03222007 Chg-NP CR2E037 (12/06)

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	7. Name and Address of New Registered Agent
SAMOUNCE, ROBERT C. 5405 PARK CENTRAL COURT NAPLES, FL 34109	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribu **$5.00** Make check payable to **Department of State**

10. OFFICERS AND DIRECTORS			11. OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELKINS, SALLY 445 DOCKSIDE DR. #0603 NAPLES, FL 34110	☑ Delete	TI / NA / ST / CI	PD FRANE, CRAIG 435 DOCKSIDE DRIVE, UNIT #0402 NAPLES, FLORIDA 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PENDLETON, JAMES 425 DOCKSIDE DRIVE # 605 NAPLES, FL 34110	☑ Delete	TI / N / S / CI	VPD DEAGLE, JIM 425 DOCKSIDE DRIVE, UNIT #0801 NAPLES, FLORIDA 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MULLINEX, GARY 425 DOCKSIDE DR., #805 NAPLES, FL 34110	☑ Delete		SD ELKINS, SALLY 445 DOCKSIDE DRIVE, UNIT #0603 NAPLES, FLORIDA 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POFAHL, ROSEMARY 445 DOCKSIDE DR., #802 NAPLES, FL 34110	☑ Delete		TD PENDLETON, JIM 425 DOCKSIDE DRIVE, UNIT #0605 NAPLES, FLORIDA 34110	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEAGLE, JAMES 425 DOCKSIDE DRIVE #0801 NAPLES, FL 34110	☑ Delete		D FOSTER, GENE 435 DOCKSIDE DRIVE, UNIT #0401 NAPLES, FLORIDA 34110	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANE, GRAIG 435 DOCKSIDE DRIVE # 402 NAPLES, FL 34110	☑ Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Craig Frane Craig Frane President 3/22/07 239.513.1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #