

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003597

FILED
Mar 24, 2010
Secretary of State

Entity Name: THE RESIDENCES AT PELICAN ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110 US

New Mailing Address:

435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110

FEI Number: 59-3347295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOUNCE, ROBERT C.
5405 PARK CENTRAL COURT
NAPLES, FL 34109 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
Name: FRANE, CRAIG
Address: 435 DOCKSIDE DR, UNIT 402
City-St-Zip: NAPLES, FL 34110

Title: VPD
Name: CORDERO, CATHERINE A
Address: 445 DOCKSIDE DR, UNIT 902
City-St-Zip: NAPLES, FL 34110

Title: D
Name: RING, SUZANNE
Address: 425 DOCKSIDE DR, UNIT 705
City-St-Zip: NAPLES, FL 34110

Title: PD
Name: KURAS, JIM
Address: 425 DOCKSIDE DR, UNIT 401
City-St-Zip: NAPLES, FL 34110

Title: D
Name: FOSTER, GENE
Address: 435 DOCKSIDE DR, UNIT 401
City-St-Zip: NAPLES, FL 34110

Title: CAM
Name: RIDDELL, GIL
Address: 435 DOCKSIDE DR, UNIT 203
City-St-Zip: NAPLES, FL 34110

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: GIL RIDDELL

CAM

03/24/2010

Electronic Signature of Signing Officer or Director

Date