

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90024 035 \*\*\*\*61.25

**DOCUMENT # N95000003615**

1. Entity Name  
**PALM COLONY AT PELICAN LANDING CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
2180 W. SR 434  
STE. 5000  
LONGWOOD, FL 32779 US

Mailing Address  
2180 W. SR 434  
STE. 5000  
LONGWOOD, FL 32779 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
65-0915536

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HART, JAMES W JR.  
2180 W. SR 434  
STE. 5000  
LONGWOOD, FL 32779

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, 2008**

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

TITLE D ☐ Delete  
NAME PETRIME, VICKI  
STREET ADDRESS 4777 SHERWIN RD  
CITY-ST-ZIP WILLOUGHBY, OH 44094

TITLE VPD ☒ Delete  
NAME TEDESCO, ANGELO  
STREET ADDRESS 24641-201 IVORY CANE DR  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE SD ☐ Delete  
NAME WHITBECK, JUDY  
STREET ADDRESS 24675-102 CANARY ISLAND CT  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D ☐ Delete  
NAME BAXTER, ROBERT  
STREET ADDRESS 24632-103 IVORY CANE DR  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE TD ☐ Delete  
NAME ALLEN, DWIGHT  
STREET ADDRESS 24637-201 CANARY ISLAND CT  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D ☐ Delete  
NAME WALTON, ERLIN  
STREET ADDRESS 30726 SUDBURY CT  
CITY-ST-ZIP FARMINGTON, MI 48331

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME SHAW, DOUG  
STREET ADDRESS 1071 CLEVELAND AVE SOUTH #301  
CITY-ST-ZIP SAINT PAUL, MN 55116

TITLE D ☐ Change ☒ Addition  
NAME KING, JIM  
STREET ADDRESS 24661 CANARY ISLAND CT #102  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME BAXTER, ROBERT  
STREET ADDRESS 24632 IVORY CANE DR #103  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME WALTON, ERLIN  
STREET ADDRESS 24671 CANARY ISLAND CT #201  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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:** *R. Baxter* **Robert Baxter, MD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08 231-495-2315

Date

Daytime Phone #