

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90007 017 ****61.25

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| DOCUMENT # N95000005667 | | | | | |
| 1. Entity Name HERON COVE AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business PEGASUS PROPERTY MANAGEMENT 17595 S TAMAMI #100 FORT MYERS, FL 33908 US | | | Mailing Address PEGASUS PROPERTY MANAGEMENT 17595 S TAMAMI #100 FORT MYERS, FL 33908 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Sui Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 City Fort Myers, Florida 33919 | | Schoo Management, Inc. 9411 Cypress Lake Drive - # 2 Fort Myers, Florida 33919 | | | |
| Zip _____ Country _____ | | Zip _____ Country _____ | | 01092007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 65-0698960 | | | | Applied For _____ Not Applicable _____ | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MARSDEN, GARY PEGASUS PROPERTY MGMT 17595 S TAMAMI TR. -100 FORT MYERS, FL 33908 | | | Name Bob Gelles Street Add Schoo Management, Inc. 9411 Cypress Lake Drive - Suite 2 City Fort Myers, Florida 33919 | | |
| 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 <u><i>Robert E. Gelles</i></u> <u><i>Robert E. Gelles, CAM</i></u> <u><i>4/20/07</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FRIEDGEN, JAMES 3578 HERON COVE CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LYKE, CHARLES 3536 HERON COVE CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RODRIQUEZ, WALTER 3537 HERON COVE CT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAHAFFAY, BARBARA 3722 HALDENMAN CREEK DR NAPLES, FL 34112 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SALMON, ROBERT 3530 HERON COVE CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SERNOVITZ, JAMES 3560 HERON COVE CT BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD Mahaffay, Barbara 3722 Haldenman Creek Dr Naples, FL. 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: <u><i>Barbara Mahaffay</i></u> <u><i>Barbara Mahaffay</i></u> <u><i>4-10-07</i></u> <u><i>481-4700</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small> | | | | | |