2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 29, 2007 8:00 am **Secretary of State** DOCUMENT # N96000005157 03-29-2007 90025 036 ****61.25 RAVÉNNA AT PELICAN MARSH COMMONS ASSOCIATION, INC. Principal Place of Business Mailing Address 3050 HORSESHOE DR N STE 275 3050 HORSESHOE DR N STE 275 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202007 Chg-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 65-0701142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KRAMER-TRIAD MANAGEMENT GROUP, LLC Street Address (P.O. Box Number is Not Acceptable) 3050 HORSESHOE DR N NAPLES, FL 34104 City 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to \Box Due by May 1, 2007 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STR TITLE ☐ Delete TITLE ☐ Addition ☐ Change SEARLE, DON NAME 2420 RAVENNA BLVD 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SURGRUE, CHUCK NAME NAME STREET ADDRESS 2421 RAVENNA BLVD, # 201 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition VILT, BOB NAME NAME STREET ADDRESS 2171 RAVENNA BLVD 201 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition IACOPONI, ANTHONY NAME NAME 2453 RAVENNE BLVD. # 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition KETTELL, JACK NAME STREET ADDRESS 2403 RAVENNA BLVD, # 201 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP TITLE ☐ Delete Bob Beauregard TITLE ☐ Addition BEAUKEGARD, BOB NAME NAME STREET ADDRESS 2415 RAVENNA BLVD 102 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not chalify 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 in changed, or on an attachment of the anaddress, with all other like sympowered. s in Block 10 or Block 11 if

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