2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9700000340

RT FILED Jul 17, 2008 Secretary of State

Entity Nan	ie: THE POIN	TE AT PELICAN LANDING CO	MODNC	INIUM ASSC	OCIATION, IN	C.	
Current Principal Place of Business:				New Principal Place of Business:			
2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779 US				27180 BAY LANDING DRIVE SUITE 4 BONITA SPRINGS, FL 34135 US			
Current Mailing Address:				New Mailing Address:			
2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD, FL 32779 US				27180 BAY LANDING DRIVE SUITE 4 BONITA SPRINGS, FL 34135 US			
FEI Number:		FEI Number Applied For ()	FEI Nur	nber Not Appli			ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
The above	named entity su	ubmits this statement for the pu	urpose o	27180 BAY SUITE 4 BONITA SF	PROPERTY LANDING DI PRINGS, FL :	RIVE 34135 L	JS
in the State							
SIGNATURE: JOHN O'GORMAN Electronic Signature of Registered Agent				07/17/2008			
			ΠL		0/011411 0		Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OF	FICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	GALLOP, SHARE 37858 SUNNYBE			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	TSD () [MEYER, BARRY 3471 POINTE CF BONITA SPRING			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	VPD ()[JANEK, JAMES 3441 POINTE CF BONITA SPRING			Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	D () [MARTIN, FRED 3441 POINTE CF BONITA SPRING			Title: Name: Address: City-St-Zip:	D (X ROSE, ROGER 3491 POINTE BONITA SPRIN	REEK C	
Title: Name: Address: City-St-Zip:	D () [DOW, STEVE 3472 POINTE CF BONITA SPRING			Title: Name: Address: City-St-Zip:	D (X ADDISON, JEF 3436 POINTE BONITA SPRIN	RY CREEK C	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARRON GALLOP MRS 07/17/2008