
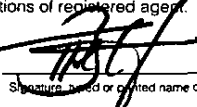
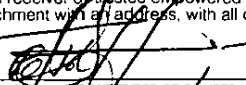


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90170 018 ****61.25

DOCUMENT # N97000001992 1. Entity Name ADDISON PLACE AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O STOCK COMMUNITY SVCS STE. 101 NAPLES, FL 34103		Mailing Address 4501 TAMiami TrL N STE. 300 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # 27800 Old 41 Road Suite, Apt. #, etc.		3. Mailing Address c/o Sterling Property Svcs Suite, Apt. #, etc. 27800 Old 41 Road	
City & State Bonita Springs, FL Zip 34135		City & State Bonita Springs, FL Zip 34135	
Country US		Country US	
4. FEI Number 59-3566793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCK COMMUNITY SVCS., INC. BANK AMERICA CENTER 4501 TAMiami TrL NORTH, STE. 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Sterling Property Services Street Address (P.O. Box Number is Not Acceptable) 27800 Old 41 Road City Bonita Springs, FL Zip Code 34135	
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  TED BOLSTAD, CAM, Property Mgr 3/23/07 <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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SPIVEY, BLAINE 4501 TAMiami TrAIL N #300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Harold Straka 24021 Addison Place Court Bonita Springs, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HOULDSWORTH, SANDRA 4501 TAMiami TrAIL N #300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ALAN ESPARZA 24301 Addison Place Court Bonita Springs, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SCHECHINGER, VALERIE 4501 TAMiami TrAIL N #300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Gerald LaVelle 24041 Addison Place Court Bonita Springs, FL 34134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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:  Ted Bolstad as agent 3/23/07 239/942 4552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			