



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90076 024 \*\*\*\*61.25

<b>DOCUMENT # N97000001992</b>					
<b>1. Entity Name</b> ADDISON PLACE AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			<b>Mailing Address</b> C/O/ STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business - No P.O. Box #</b> 27180 Bay Landing Dr Suite, Apt. #, etc. 4		<b>3. Mailing Address</b> 27180 Bay Landing Dr Suite, Apt. #, etc. 4			
<b>City &amp; State</b> City: Zip: Country:		<b>City &amp; State</b> City: Zip: Country:		<b>4. FEI Number</b> 01242008 Chg-NP CR2E037 (12/06) 59-3566793	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 <i>x J. J. Lema</i>			<b>7. Name and Address of New Registered Agent</b> Name: Street Address (P.O. Box Number is Not Acceptable): 27180 Bay Landing Dr. Ste 4 City: <b>FL</b> Zip Code:		
<b>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.</b> SIGNATURE: <i>J. J. Lema</i> DATE: 4/16/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to:</b> Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> STRAKA, HAROLD 24021 ADDISON PLACE COURT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> Gerald Meier 23821 Addison Place Ct Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> ESPARZA, ALAN 24301 ADDISON PLACE COURT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> Iris Brett 24341 Addison Place Ct. Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> LAVELLE, GERALD 24041 ADDISON PLACE COURT BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>STD</b> PATRICK BURKE 23841 Addison Place Ct Bonita Springs, FL 34134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/17/08 Daytime Phone #: 239/9474552		