2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001992

FILED Apr 10, 2009 Secretary of State

Entity Name: ADDISON PLACE AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

27180 BAY LANDING DR 27180 BAY LANDING DR

BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

27180 BAY LANDING DR 27180 BAY LANDING DR

BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135 US

FEI Number: 59-3566793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STERLING PROPERTY SERVICES 27180 BAY LANDING DR STE 4 BONITA SPRINGS, FL 34135 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MEIER, GERALD Name: MEIER, GERALD Name:

23821 ADDISON PLACE CT Address: 23821 ADDISON PLACE CT Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: DV (X) Change () Addition

Name: BRATT, IRIS Name: BRATT, IRIS

Address: 224341 ADDISON PLACE CT Address: 224341 ADDISON PLACE CT City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete Title: () Change () Addition

BURKE, PATRICK Name: Name: 23841 ADDISON PLACE CT Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip:

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: GERALD MEIER DP 04/10/2009