2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005325

FILED Apr 29, 2008 Secretary of State

Entity Name: SEASIDE AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

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

21210 PELICAN SOUND DR ESTERO, FL 33928

Current Mailing Address: New Mailing Address:

COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113

FEI Number: 59-3469123 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:

PELICAN BAY PROPERTY MANAGEMENT ROGER BOUCHER 10823 TAMIAMI TRAIL NORTH NAPLES, FL 34108 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete SMITH, VINCENT Name:

21320 PELICAN SOUND DR, #201 Address:

City-St-Zip: ESTERO, FL 33928

Title: () Delete PULLMAN, DONALD Name:

Address: 21210- PELICAN SOUND DR #101

City-St-Zip: ESTERO, FL 33928

Title: () Delete

KACOYANIS, ROBERTA Name: 20 PULPIT ROCK RD, PO BOX 428 Address:

City-St-Zip: RYE. NH 03870

(X) Change () Addition CUTLER, DOUG Name:

Address: 21230 PELICAN SOUND DRIVE #101

City-St-Zip: ESTERO, FL 33928

Title: (X) Change () Addition

Name: PULLMAN, DONALD

Address: 21210- PELICAN SOUND DR #101

City-St-Zip: ESTERO, FL 33928

Title: (X) Change () Addition Name: KACOYANIS, ROBERTA

20 PULPIT ROCK RD, PO BOX 428 Address:

City-St-Zip: RYE. NH 03870

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: DONALD PULLMAN PD 04/29/2008