

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


572

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90172 039 ****61.25

DOCUMENT # N98000007026

1. Entity Name
MONT CLAIRE AT PELICAN MARSH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 US

Mailing Address
C/O PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD FORT MYERS, FL 33908 US

66018433



2. Principal Place of Business
745 12th AVE S.

3. Mailing Address
745 12th AVE S.

Suite, Apt. #, etc.
AA AA

04242006 Chg-NP CR2E037 (11/05)

City & State
NAPLES, FL NAPLES, FL

Zip
34102 34102

Country
Collier Collier

4. FEI Number
59-3547694

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAPP, PAUL 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
 Name **MOORE PROPERTY MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
745 12th AVE S. AA
 City **NAPLES FL** Zip Code **34102**

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 *[Signature]* for Moore Property Management
(NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAORMINO, JOSEPH 15660 SAN CARLOS BLVD FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, JERRY P 15660 SAN CARLOS BLVD FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKOWN, JAMES L JR 15660 SAN CARLOS BLVD FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESSELBURN, KATHRYNE S 15660 SAN CARLOS BLVD FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA POINT, WILLIAM 15660 SAN CARLOS BLVD FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRED SZYMANSKI 13601 Perdido Key - 111A PENSACOLA FL 32507 <input type="checkbox"/> Change <input checked="" 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: *[Signature]* Date **4-28-06** Daytime Phone #