

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007026

FILED  
Apr 23, 2008  
Secretary of State

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

**Current Principal Place of Business:**

745 12TH AVE S.  
AA  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

745 12TH AVE S.  
AA  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 59-3547694      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MOORE PROPERTY MANAGEMENT  
745 12TH AVE S. AA  
NAPLES, FL 34102 US

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

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:**

Title: P ( ) Delete  
Name: SZYMANSKI, FRED  
Address: 13601 PERDIDO KEY 1-11A  
City-St-Zip: PENSACOLA, FL 32507

Title: VP ( ) Delete  
Name: TANURDZIC, STEVE  
Address: P.O. BOX 770308  
City-St-Zip: NAPLES, FL 34107

Title: T ( ) Delete  
Name: BANKS, DIANE  
Address: 2395-202 MONT CLAIRE DR  
City-St-Zip: NAPLES, FL 34109

Title: S ( ) Delete  
Name: DURSO, ERNEST  
Address: 2425-202 MONT CLAIRE CT.  
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CLINTON, RICHARD  
Address: 2420 MONT CLAIRER CT. #201  
City-St-Zip: NAPLES, FL 34109

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: FRED SZYMANSKI

P

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date