

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000200

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** THE POINTE AT PELICAN BAY II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

505 VIA VENETO  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9709  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 59-3550498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HART, STEPHEN P  
%COLLIER FINANCIAL, INC.  
4985 E. TAMiami TrL  
NAPLES, FL 34113 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: D ( ) Delete  
Name: GRAVENHURST, TED  
Address: 505 VIA VENETO #201  
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete  
Name: HAAS, BOB  
Address: 565 VIA VENETO #202  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: WARSHAUER, STUART  
Address: 565 VIA VENETO 101  
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete  
Name: FAHEY, THOMAS  
Address: 545 VIA VENETO #202  
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete  
Name: BARGER, BOB  
Address: 545 VIA VENETO #102  
City-St-Zip: NAPLES, FL 34108

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

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

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

Title: SD (X) Change ( ) Addition  
Name: POTTER, SANDRA  
Address: 515 VIA VENETO 202  
City-St-Zip: NAPLES, FL 34108

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BOB BARGER

PD

04/28/2006

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

\_\_\_\_\_  
Date