2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N99000000200

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:

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

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: POTTER, SANDRA
Address: 515 VIA VENETO 202
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GIOMETTI, DAVID
Address: 575 VIA VENETO, #202
City-St-Zip: NAPLES, FL 34108

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 04/18/2007

Electronic Signature of Signing Officer or Director — Date