

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002415

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** VENTURA AT PELICAN MARSH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DR., STE 206  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DR., STE 206  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 59-3705962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUTHWEST PROPERTY MANAGEMENT  
1044 CASTELLO DR., STE 206  
NAPLES, FL 34103 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: VP ( ) Delete  
Name: PITSER, TOM  
Address: 8863 VENTURA WAY  
City-St-Zip: NAPLES, FL 34109

Title: ST ( ) Delete  
Name: HAGOPIAN, GLORIA  
Address: 8760 VENTURA WAY  
City-St-Zip: NAPLES, FL 34109

Title: P ( ) Delete  
Name: POMERANTZ, DONALD  
Address: 8847 VENTURAD DRIVE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: CAMPBELL, DAVID  
Address: 8828 VENTURA WAY  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: SALZER, WILLARD  
Address: 8805 VENTURA WAY  
City-St-Zip: NAPLES, FL 34103

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

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 POMERANTZ

P

04/14/2009

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

\_\_\_\_\_  
Date