


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90149 001 \*\*\*\*61.25

<b>DOCUMENT # N99000002415</b>			
1. Entity Name <b>VENTURA AT PELICAN MARSH HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O INTEGRATED PROPERTY MGMT 3435 10TH ST. NORTH #201 NAPLES FL 34103</b>		Mailing Address <b>C/O INTEGRATED PROPERTY MGMT 3435 10TH ST. NORTH #201 NAPLES FL 34103</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N99000002415</b>		City & State	
Zip <b>VENTURA AT PELICAN MARSH HOMEOWNERS' ASSOCIATION, INC.</b>		Country	
Country		Country	
6. Name and Address of Current Registered Agent <b>SCOTT, HENNELLS C/O WEIBEL &amp; HENNELLS MGMT 3435 10TH ST. NORTH #201 NAPLES FL 34103</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip		Zip	
Country		Country	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

4. FEI Number <b>59-3705962</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. SCOTT, HENNELLS OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	NAME <b>SCOTT, HENNELLS</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P/D</b>
STREET ADDRESS <b>8895 VENTURA WAY</b>	CITY-ST-ZIP <b>NAPLES FL</b>		NAME <b>Conte, Richard</b>
			STREET ADDRESS <b>8761 Ventura Way</b>
			CITY-ST-ZIP <b>Naples, FL</b>
TITLE <b>D</b>	NAME <b>EMMA, DAVID</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V/D</b>
STREET ADDRESS <b>8887 VENTURE WAY</b>	CITY-ST-ZIP <b>NAPLES FL</b>		NAME <b>Hertzler, Fred</b>
			STREET ADDRESS <b>8832 Ventura Way</b>
			CITY-ST-ZIP <b>Naples, FL</b>
TITLE <b>D</b>	NAME <b>SCHUMER, ALLISON</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S/T/D</b>
STREET ADDRESS <b>8919 VENTURA WAY</b>	CITY-ST-ZIP <b>NAPLES FL</b>		NAME <b>Campbell, David</b>
			STREET ADDRESS <b>8828 Ventura Way</b>
			CITY-ST-ZIP <b>Naples, FL</b>
TITLE <b>PD</b>	NAME <b>KLENMAN, JAMES</b>	<input type="checkbox"/> Delete	TITLE <b>P/D</b>
STREET ADDRESS <b>8895 VENTURA WAY</b>	CITY-ST-ZIP <b>NAPLES FL</b>		NAME <b>Conte, Richard</b>
			STREET ADDRESS <b>8761 Ventura Way</b>
			CITY-ST-ZIP <b>Naples, FL</b>
TITLE <b>D</b>	NAME <b>EMMA, DAVID</b>	<input type="checkbox"/> Delete	TITLE <b>V/D</b>
STREET ADDRESS <b>8887 VENTURE WAY</b>	CITY-ST-ZIP <b>NAPLES FL</b>		NAME <b>Hertzler, Fred</b>
			STREET ADDRESS <b>8832 Ventura Way</b>
			CITY-ST-ZIP <b>Naples, FL</b>
TITLE <b>D</b>	NAME <b>SCHUMER, ALLISON</b>	<input type="checkbox"/> Delete	TITLE <b>S/T/D</b>
STREET ADDRESS <b>8919 VENTURA WAY</b>	CITY-ST-ZIP <b>NAPLES FL</b>		NAME <b>Campbell, David</b>
			STREET ADDRESS <b>8828 Ventura Way</b>
			CITY-ST-ZIP <b>Naples, FL</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* (Fred Hertzler) 4-21-03 239-254-0723

UBR2003

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50-26-7

CR2E037 (10/02)