

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003166

FILED
Apr 29, 2008
Secretary of State

Entity Name: SEASIDE III AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

21450-21480 PELICAN SOUND DRIVE
ESTERO, FL 33928

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3610019

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 TRAIL
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: T () Delete
Name: WESSON, ROBERT
Address: 21480 PELICAN SOUND DR, #201
City-St-Zip: ESTERO, FL 33928

Title: VD () Delete
Name: CURLEY, JOSEPH
Address: 21450 PELICAN SOUND DRIVE# 202
City-St-Zip: ESTERO, FL 33928

Title: SD () Delete
Name: BRADBURY, GEORGE
Address: 1463 FOREST AVENUE
City-St-Zip: KIRKWOOD, MO 63122

Title: PD () Delete
Name: MERRILL, KEITH
Address: 21450 PELICAN SOUND DRIVE #102
City-St-Zip: ESTERO, FL 33928

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:

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: KEITH MERRILL

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date