

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005646

FILED
Apr 20, 2007
Secretary of State

Entity Name: TERRABELLA PELICAN MARSH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1845 TRADE CENTER WAY
C/O CASEY F. THOMAS
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1845 TRADE CENTER WAY
C/O CASEY F. THOMAS
NAPLES, FL 34109

New Mailing Address:

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

FEI Number: 59-3601573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOVATT, JEFF M
821 FIFTH AVE SOUTH
SUITE 201
NAPLES, FL 34102 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: PD () Delete
Name: FITTERMAN, STEVEN C
Address: 1845 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: STURDYVIN, DAVID M
Address: 1845 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: THOMAS, CASEY F
Address: 9018 TERRANOVA AVENUE
City-St-Zip: NAPLES, FL 34109

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GRUNEWALD, JOHN
Address: 445 COVE TOWER DR, UNIT 1802
City-St-Zip: NAPLES, FL 34110

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

Title: PD (X) Change () Addition
Name: THOMAS, CASEY F
Address: 9018 TERRANOVA AVENUE
City-St-Zip: NAPLES, FL 34109

Title: D () Change (X) Addition
Name: BOGDAN, FLORENCE
Address: 9013 TERRANOVA DR
City-St-Zip: NAPLES, FL 34109

Title: D () Change (X) Addition
Name: MCCARTHY, LINDA
Address: 11680 QUAIL VILLAGE WAY
City-St-Zip: NAPLES, FL 34119

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: TOM CASEY

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date