2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005646

FILED Apr 16, 2009 Secretary of State

Entity Name: TERRABELLA PELICAN MARSH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

COLLIER FINANCIAL INC 4985 TAMIAMI TRAIL E NAPLES, FL 34113

New Mailing Address: Current 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: Name and Address of New Registered Agent:

HART, STEPHEN P BOUCHER, ROGER %COLLIER FINANCIAL INC PELICAN BAY PROPERTY MGMT 10823 108TH AVE NO #H 4985 TAMIAMI TRAIL E NAPLES, FL 34113 US NAPLES, FL 34108 US

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: ROGER BOUCHER 04/16/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TSD (X) Change () Addition () Delete AGRANAT, HOWARD FISHER, SUZANNE Name: Name: 9170 TORREFINO COURT Address: 205 DERWEN ROAD Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: MERION STATION, PA 19066

Title: Title: (X) Change () Addition () Delete MCCARTHY, LINDA Name: MCCARTHY, LINDA Name: Address: 9021 TERRANOVA DRIVE Address: 9021 TERRANOVA DRIVE City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

Title: () Delete Title: () Change () Addition

CASEY, THOMAS F Name: Name: 9018 TERRANOVA AVENUE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: BOGDAN, FLORENCE Name: 9013 TERRANOVA DR Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition

WALSH, EDWARD Name: Name: WALSH, EDWARD 9104 TERRABELLA COURT 9104 TERRABELLA COURT Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109

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: TOM CASEY PD 04/16/2009