

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P02000053010

1. Entity Name
PELICAN BAY REALTY, INC.



Principal Place of Business

**5051 CASTELLO DRIVE
SUITE 30
NAPLES, FL 34103**

Mailing Address

**5051 CASTELLO DRIVE
SUITE 30
NAPLES, FL 34103**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2076025

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FACCONE, JOSEPH G
5051 CASTELLO DRIVE
SUITE 30
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000327404
04/25/05-80036-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	FACCONE, JOSEPH
STREET ADDRESS	5051 CASTELLO DRIVE #30
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	VP
NAME	FACCONE, GEORGE
STREET ADDRESS	5051 CASTELLO DRIVE #30
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	S
NAME	FACCONE, RITA
STREET ADDRESS	5051 CASTELLO DRIVE #30
CITY- ST- ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

Joseph Faccione
Joseph Faccione

4/18/05
Date

239-263-2211
Daytime Phone #