

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010589

Entity Name: PELICAN POINTE WOMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**1291 TUSCANY BLVD.
VENICE, FL 34292**Current Mailing Address:**1291 TUSCANY BLVD.
VENICE, FL 34292 US**FEI Number: 26-1352141****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONTANA, DENISE
1291 TUSCANY BLVD.
VENICE, FL 34292 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:** DENISE MONTANA

02/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LUISA, GOLDMAN
Address 964 CHICKADEE DRIVE
City-State-Zip: VENICE FL 34285

Title VP
Name MARY, MCKAY
Address 469 FAIRWAY ISLES DR.
City-State-Zip: VENICE FL 34285

Title TREASURER
Name MONTANA, DENISE
Address 1291 TUSCANY BLVD.
City-State-Zip: VENICE FL 34292

Title SECRETARY
Name VONSALZEN, ROBBIE
Address 1637 SAN SILVESTRO DR.
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name DOLEMBRO, SUSAN
Address 821 TROPEZ LANE
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name FOWLER, JAN
Address 1253 HIGHLAND GREENS DR.
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name BEVIS, DEB
Address 944 CHICKADEE DR.
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name SANTOIANI, DIANE
Address 882 MACAW CIRCLE
City-State-Zip: VENICE FL 34285

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I hereby 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 all other like empowered.

SIGNATURE: DENISE MONTANA**TREASURER**

02/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHAPMAN, SHARON
Address 1925 SAN SILVESTRO DRIVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name KIMMEL, DALE
Address 1233 RESERVE DR.
City-State-Zip: VENICE FL 34285