

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010589

Entity Name: PELICAN POINTE WOMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**754 BACK NINE DRIVE
VENICE, FL 34285**Current Mailing Address:**754 BACK NINE DRIVE
VENICE, FL 34285**FEI Number: 26-1352141****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLITOR, HELEN
754 BACK NINE DRIVE
VENICE, FL 34285 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PD
Name FARRELL, DIANE
Address 11017 GROUSE WAY
City-State-Zip: VENICE FL 34295

Title VPD
Name PARZYCH, NANCY
Address 1166 TUSCANY BLVD
City-State-Zip: VENICE FL 34295

Title DS
Name WYSHNER, BARBARA
Address 857 BLUE CRANE DR
City-State-Zip: VENICE FL 34292

Title TD
Name MOLITOR, HELEN
Address 754 BACK NINE DRIVE
City-State-Zip: VENICE FL 34285

Title D
Name HARRISON, ANNE
Address 811 BLUE CRANE DRIVE
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name KATZIN, BETTY
Address 1717 DOG LEG DR
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name FRAN, FREDERICK
Address 1913 SAN SILVESTRO DR
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name BLUME, MARSHA
Address 1697 SAN SIVESTRO DR
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: HELEN MOLITOR**TREASURER/DIRECTOR****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NICKELSEN, JUDY
Address 1619 SAN SILVESTRO DR
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name PERRY, PAT
Address 1244 TUSCANY BLVD
City-State-Zip: VENICE FL 34285