

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010589

Entity Name: PELICAN POINTE WOMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**474 FAIRWAY ISLES DRIVE
VENICE, FL 34285**Current Mailing Address:**474 FAIRWAY ISLES DRIVE
VENICE, FL 34285 US**FEI Number: 26-1352141****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAVENKO, NANCY DR.
474 FAIRWAY ISLES 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:** DR. NANCY SAVENKO

02/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PARZYCH, NANCY
Address 1166 TUSCANY BLVD
City-State-Zip: VENICE FL 34292

Title VP
Name DONNELLY, KATHI
Address 855 BLUE CRANE DRIVE
City-State-Zip: VENICE FL 34285

Title TREASURER
Name SAVENKO, NANCY DR.
Address 474 FAIRWAY ISLES DRIVE
City-State-Zip: VENICE FL 34285

Title SECRETARY
Name HILLIGOSS, JEANA
Address 926 CHICKADEE 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 BLUME, MARSHA
Address 1697 SAN SIVESTRO DR
City-State-Zip: VENICE FL 34285

Title DIRECTOR
Name FARRELL, DIANE
Address 1017 GROUSE WAY
City-State-Zip: VENICE FL 34285

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: DR. NANCY SAVENKO

TREASURER

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date