2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2021
Secretary of State
4737914296CC

DOCUMENT# N95000003597

Entity Name: THE RESIDENCES AT PELICAN ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 US

FEI Number: 59-3347295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 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: ROBERT ROSENOW 04/23/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	MILLER, ROBERT
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	RING, SUZANNE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	MARTINOVICH, DRUSILLA
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215
City-State-Zip:	NAPLES FL 34104

Title	PRESIDENT
Name	HIMEBAUCH, STEVE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	BALDADIAN, ARTHUR
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	CHESNUT, BRUCE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	REUSS, RITA
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215
City-State-Zip:	NAPLES FL 34104

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: STEVE HIMEBAUCH PRESIDENT 04/23/2021

Electronic Signature of Signing Officer/Director Detail — Date