2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2015
Secretary of State
CC5598587634

DOCUMENT# N95000003597

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

Current Principal Place of Business:

435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110

Current Mailing Address:

435 DOCKSIDE DR
UNIT #203
NAPLES, FL 34110

FEI Number: 59-3347295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMOUNCE, ROBERT C.
5405 PARK CENTRAL COURT
NAPLES, FL 34109 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	PRESIDENT
Name	CORDERO, CATHERINE
Address	445 DOCKSIDE DR, UNIT #902
City-State-Zip:	NAPLES FL 34110

Title	SECRETARY
Name	RING, SUZANNE
Address	425 DOCKSIDE DR, UNIT 705
City-State-Zip:	NAPLES FL 34110

Title	TREASURER
Name	BALDADIAN, ARTHUR
Address	425 DOCKSIDE DR, UNIT #901
City-State-Zip:	NAPLES FL 34110

Title	VP
Name	POFAHL, AL
Address	445 DOCKSIDE DR, UNIT #802
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	REUSS, RON
Address	435 DOCKSIDE DR, UNIT 1003
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	MILLER, ROBERT
Address	425 DOCKSIDE DR. UNIT #706
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	CHESNUT, BRUCE
Address	435 DOCKSIDE DR UNIT #904
City-State-Zip:	NAPLES FL 34110

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: CATHERINE CORDERO PRESIDENT 04/22/2015

Electronic Signature of Signing Officer/Director Detail — Date