2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002241



OLD BRIDGE HOMEOWNERS' ASSOCIATION, INC.

FILED Feb 28, 2006 8:00 am Secretary of State 02-28-2006 90010 038 ****61.25

1714 CAPE CORAL PARKWAY EAST 171		Mailing Address 1714 CAPE CORAL PARK CAPE CORAL, FL 33904							
2. Principal Place of Business 3. Ma		3. Mailing Address		; (EB)(181 B)(EB)(181 (181) EB)((EB)((EB)((EB)((EB)((EB)(EB)(EB)((EB)((
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		02112006 Chg-NP CR2E037 (11/05)					
City & State Cit		City & State		4. FEI Number Applied For 03-0526509 - Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent					
DUDANDT	DODERT D		Name	Name					
BURANDT, ROBERT B 1714 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
	,								
			City	FL Zip Code					
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signature require	red when reinstating) DATE					
Filing Fee is \$61.25 9. Election Campai Due by May 1, 2006 Trust Fund Contr				Added to Fees Florida Department of State					
10.	.5 - OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME	PD ALLEY, ANNELISE	2 Delete							
STREET ADDRESS	14606 PAUL REVERE LOOP		STREET ADDRESS 14	602 PAUL REVERE LOOP					
CITY-ST-ZIP	FT. MYERS, FL 33917		CITY-ST-ZIP	T.MYERS FL 33917					
TITLE	VD		TITLE VD						
NAME STREET ADDRESS	DAVIS, TED			Change Addition					
	LARGO THOMAS (EEEEDSON L	M	NAME R	AY GAGNER LOP					
CITY-ST-ZIP	14620 THOMAS JEFFERSON LI FT. MYERS, FL 33917	N	NAME STREET ADDRESS CITY-ST-ZIP.	AY GAGNER AY GAGNER 608 PAUL REVERE LOOP T. MYERS EL 33917					
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT. MYERS, FL 33917 SD DE CICCA, JOAN 5513 MILES STANDISH LN	4,	NAME STREET ADDRESS CITY-ST-ZIP - F TITLE NAME STREET ADDRESS STREET ADDRESS	AY GAGNER 608 PAUL REVERE LOOP T. MYERS FL 33917 AN DE CKCA Change Addition 13 MILES STANDISH LN					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	anne lise	alley	ANNELISE ALLEY	02-16-06	239-567+ 1237
	SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR			Date	Daylime Phone #