


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90110 006 ****61.25

DOCUMENT # N03000002241					
1. Entity Name OLD BRIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1714 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904			Mailing Address 1714 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0526509	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BURANDT, ROBERT B 1714 CAPE CORAL PARKWAY EAST CAPE CORAL, FL 33904			Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME LE TOURNEAU, BOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14602 PAUL REVERE LOOP	NORTH FORT MYERS, FL 33917		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME GAGNER, RAY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14608 PAUL REVERE LOOP	FT. MYERS, FL 33917		STREET ADDRESS	CITY-ST-ZIP	
TITLE SD	NAME DE CICCIA, JOAN	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14606 PAUL REVERE LOOP	NORTH FORT MYERS, FL 33917		STREET ADDRESS	CITY-ST-ZIP	
TITLE TD	NAME ALLEY, ANNELISE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 14606 PAUL REVERE LOOP	NORTH FORT MYERS, FL 33917		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME VARANG, MIKE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5653 CPT. JOHN SMITH LOOP	NORTH FORT MYERS, FL 33917		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>ANNELISE ALLEY</u> <i>Annalise Alley</i>			04-30-07 2395671237		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		