

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002241

FILED
Jul 06, 2009
Secretary of State

Entity Name: OLD BRIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1714 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

1714 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 03-0526509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURANDT, ROBERT B
1714 CAPE CORAL PARKWAY EAST
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KALAHAR, CONNIE
Address: 14506 PAUL REVERE LOOP
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD () Delete
Name: GAGNER, RAY
Address: 14608 PAUL REVERE LOOP
City-St-Zip: FT. MYERS, FL 33917

Title: TD () Delete
Name: ALLEY, ANNELOISE
Address: 14606 PAUL REVERE LOOP
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PD () Delete
Name: HALLERAN, BOB
Address: 308 PATRIC HENRY
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ML (X) Change () Addition
Name: GAGNER, RAY
Address: 14608 PAUL REVERE LOOP
City-St-Zip: FT. MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: STEFANI, WAYNE
Address: 14520 CONCORD DR
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNELOISE ALLEY

TD

07/06/2009

Electronic Signature of Signing Officer or Director

Date