

1. Entity Name **N00000001545**
OLD PELICAN BAY III ASSOCIATION, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

02-06-2001 90291 037 ****61.25

Principal Place of Business
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

Mailing Address
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **51-3632108**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EURO-AMERICAN FINANCIAL SERVICES, INC.
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signatures required when substituting)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AMBURN, JAMES W	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Change
NAME	ROLLER, WALTER W	
STREET ADDRESS	8081 CASTLE DRIVE SUITE 17	
CITY - ST - ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, J. STEPHEN W	
STREET ADDRESS	28000 SPANISH WELLS BLVD.	
CITY - ST - ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Juergen Scheib	
STREET ADDRESS	28000 Spanish Wells Blvd.	
CITY - ST - ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 info empowered.

SIGNATURE: **JAMES W. AMBURN** **JAMES W. Amburn, D 2-1-01** **941-992-3355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (10/00)