

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

8/30

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90011 017 \*\*\*61.25

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



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

Mailing Address  
 28000 SPANISH WELLS BLVD.  
 BONITA SPRINGS, FL 34135

**66433879**



2. Principal Place of Business  
 SIESTA DRIVE

3. Mailing Address  
 12215 Siesta Dr.

Suite, Apt. #, etc.

07082004 Chg-NP CR2E037 (10/03)

City & State  
 FT. MYERS BEACH, FL.

City & State  
 FT. MYERS BEACH, FL.

Zip  
 33931

Country  
 USA

Zip  
 33931

Country  
 USA

4. FEI Number  
 59-3632108

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 ALLURE ACCOUNTING LLC  
 28000 SPANISH WELLS BLVD.  
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent  
 Name: RICHARD D. DEBOEST II  
 Street Address (P.O. Box Number is Not Acceptable)  
 1415 HENDRY ST.  
 City: FT. MYERS FL Zip Code: 33701

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]* RICHARD D. DEBOEST II ATTORNEY 8/24/2004  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$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 NAME STREET ADDRESS CITY-ST-ZIP	D AMBURN, JAMES W 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael E. ANDERSON 12215 Siesta Dr. FT. MYERS BEACH, FL 33931 TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINO, BEN 28000 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bartholomew D ZINDO 12217 SIESTA DR FT MYERS BEACH, FL 33931 SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, J. STEPHEN W 28000 SPANISH WELLS BLVD. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen MILLER 12205 SIESTA DR FT MYERS Bch, FL 33931 PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *[Signature]* MICHAEL E. ANDERSON 25A4604 (239)466-7489  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

66433879

OLD PELICAN BAY III ASSOCIATION, INC.  
12215 SIESTA DRIVE  
FORT MYERS BEACH, FL 33931

September 16, 2004

FLORIDA DEPARTMENT OF STATE  
DIVISIONS OF CORPORATIONS  
P.O. Box 1500  
Tallahassee, Florida 32302-1500


Subject: OLD PELICAN BAY III ASSOCIATION, INC.

Reference Number: N00000001545

Attention: Corporate Records

Please find enclosed your request for the title of each director enclosed. They are also as follows: Stephen Miller (President), Michael E. Anderson (Treasurer), Bartholomew D. Zino (Secretary).

If you have any further questions please contact me at (239)-466-7489.

  
Michael E. Anderson  
Old Pelican Bay III Association, Inc.

enclosure  
(1) not for profit rpt