


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 JUL -3 PM 4: 04


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N00000001545</b> 1. Entity Name OLD PELICAN BAY III ASSOCIATION, INC.	
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Principal Place of Business SIESTA DRIVE FORT MYERS BEACH, FL 33931	Mailing Address SIESTA DRIVE FORT MYERS BEACH, FL 33931
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2. Principal Place of Business <i>12205 Siesta Dr.</i> Suite, Apt. #, etc.	3. Mailing Address <i>12205 Siesta Dr.</i> Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



06122006 REIN-NP CR2E099 (11/05) *05-06*

4. FEI Number <b>59-3632108</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DEBOEST, II, RICHARD D 1415 HENDRY ST FORT MYERS, FL 33901	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b>   Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$297.50** Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		Delete
TITLE	T <del>ANDERSON, MICHAEL E</del>	<input type="checkbox"/>
NAME	<del>12215 SIESTA DR.</del>	
STREET ADDRESS	<del>FORT MYERS BEACH, FL 33931</del>	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/>
NAME	ZIMO, BARTHOLOMEW D	
STREET ADDRESS	12217 SIESTA DR	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	P	<input type="checkbox"/>
NAME	MILLER, STEPHEN	
STREET ADDRESS	12205 SIESTA DR	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	Kraig Marguis		
STREET ADDRESS	same address		
CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	ZINO (spelling)		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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 *Stephen Miller* 6/12/06 239-482-6575