

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 08:00 AM
Secretary of State



DOCUMENT # N00000001545 1. Entity Name OLD PELICAN BAY III ASSOCIATION, INC.	
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Principal Place of Business 12205 SIESTA DRIVE FORT MYERS BEACH FL 33931	Mailing Address 12205 SIESTA DRIVE FORT MYERS BEACH FL 33931
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

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

6. Name and Address of Current Registered Agent DEBOEST, II, RICHARD D 1415 HENDRY ST FORT MYERS FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: 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
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete T KRAIG, MARQUIS STREET ADDRESS 12215 SIESTA DR. CITY- ST- ZIP FORT MYERS BEACH FL 33931
TITLE	<input type="checkbox"/> Delete S ZINO, BARTHOLOMEW D STREET ADDRESS 12217 SIESTA DR CITY- ST- ZIP FORT MYERS BEACH FL 33931
TITLE	<input type="checkbox"/> Delete M MILLER, STEPHEN STREET ADDRESS 12205 SIESTA DR CITY- ST- ZIP FORT MYERS BEACH FL 33931
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Delete _____ STREET ADDRESS CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS CITY- ST- ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ STREET ADDRESS CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **Stephen Miller** 3/6/07 239-482-6575