

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

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



<b>DOCUMENT # N00000001545</b> 1. Entity Name <b>OLD PELICAN BAY III ASSOCIATION, INC.</b>	
--	--

Principal Place of Business <b>12205 SIESTA DRIVE FORT MYERS BEACH FL 33931</b>	Mailing Address <b>12205 SIESTA DRIVE FORT MYERS BEACH FL 33931</b>
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-3632108</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

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"/>	<b>\$5.00 May Be Added to Fees</b>
---	------------------------------------

**Make Check Payable to  
Florida Department of State**

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

U00000664308  
03/22/07-80037-024 61.25

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