


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

| | |
|--|---|
| DOCUMENT # N01000008564 1. Entity Name OLD PELICAN BAY VILLAGE UNIT 67 CONDOMINIUM, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 12082 SIESTA DR. FT. MYERS BEACH, FL 33931 | Mailing Address 12082 SIESTA DR. FT. MYERS BEACH, FL 33931 |
|--|--|

DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 75-3030149 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MARKLE, DANIEL E PT
12082 SIESTA DR
FT. MYERS BEACH, FL 33931

**DO NOT WRITE
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT MARKLE, DANIEL E 12082 SIESTA DR FT. MYERS BEACH, FL 33931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD NEIDIGH, BRAD 12080 SIESTA DR FORT MYERS BEACH, FL 33931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DESANTIS, DAWN 12080 SIESTA DR FORT MYERS BEACH, FL 33931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000848211
03/20/08-80008-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/08

Date

239-4667484

Daytime Phone #