

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90039 014 \*\*\*\*61.25

**DOCUMENT # N03000002241**

1. Entity Name  
**OLD BRIDGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904**

Mailing Address  
**1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904**



01222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0526509**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BURANDT, ROBERT B  
1714 CAPE CORAL PARKWAY EAST  
CAPE CORAL, FL 33904**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 4, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**GAGNER, RAY  
14608 PAUL REVERE LOOP  
FT. MYERS, FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TD  
ALLEY, ANNEISE  
14608 PAUL REVERE LOOP  
NORTH FORT MYERS, FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SECRETARY  
CONNIE KALAHAR  
14506 PAUL REVERE LOOP  
N.FT. MYERS FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
BOB HALLERAN  
308 PATRIC HEARY  
N.FT. MYERS FL 33917**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Anne Lise Alley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 15-08**

Date

Daytime Phone #