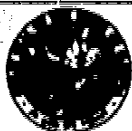


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23947 (7)
1. Corporation Name
OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
DAN MARKLE
18141 OLD PELICAN BAY DRIVE
FORT MYERS BEACH FL 33931

Mailing Address
% RUTH GAPP
4717 HARBORTOWN LANE
FT MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1987	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0274285	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 195.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
18141 OLD PELICAN BAY DRIVE FORT MYERS BEACH FL 33931	% RUTH GAPP 4717 HARBORTOWN LANE FT MYERS FL 33919 USA

9. Name and Address of Current Registered Agent

HAYES, JUNE
18211 OLD PELICAN BAY DRIVE
FORT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name JORGENSEN LOIS B
82 Street Address (P.O. Box Number is Not Acceptable)
4203 BAY BEACH LANE APT. H-5
83
84 City FT. MYERS BEACH FL 85 Zip Code 33931

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Lois B. Jorgensen

(NOTE: Registered Agent signature required when reappointing)

April 20, 1995
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARKLE, DAN
STREET ADDRESS	18141 OLD PELICAN BAY DR
CITY - ST - ZIP	FT. MYERS BCH FL
TITLE	VD
NAME	MCCARTY, RON
STREET ADDRESS	12892 DEEP PASSAGE LANE
CITY - ST - ZIP	FT. MYERS BCH FL
TITLE	TD
NAME	HAYES, JUNE
STREET ADDRESS	18211 OLD PELICAN BAY DR
CITY - ST - ZIP	FT. MYERS BCH FL
TITLE	SD
NAME	GAPP, RUTH
STREET ADDRESS	4717 HARBORTOWN LANE
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	MCKENZIE, BILL
STREET ADDRESS	35 BARKLEY CIRCLE
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33931
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33931
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD JORGENSEN, LOIS
3.3 STREET ADDRESS	4203 BAY BEACH LANE, APT H-5
3.4 CITY - ST - ZIP	FT. MYERS BCH, FL 33931
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33902
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D THOMPSON, JUDITH, % OUTER ISLANDS DEVELOPMENT
5.3 STREET ADDRESS	16956-1 MC GREGOR
5.4 CITY - ST - ZIP	FT. MYERS, FL 33908
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lois B. Jorgensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOIS B. JORGENSEN, DAN MARKLE

April 20, 1995

813-463-4796