FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
%DAN MARKLE 16141 OLD PELICAN BAY DRIVE FORT MYERS BEACH FL 33931	% 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

2. Principal Place of Business 21	2a. Mailing Address 26 % Ruth Gapp
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 4717 HARBORTOWN LANE
City & State 23	City & State 28 FT MYERS FL
Zip / Country 24 / 25	Zip / Country 29 33919 / 30 USA

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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAYES, JUNE
16211 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, Treasurer — April 20, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☒ Addition
NAME	MARKLE, DAN	1.2 NAME		
STREET ADDRESS	16141 OLD PELICAN BAY DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL	1.4 CITY-ST-ZIP		33931
TITLE	VD	2.1 TITLE		☐ Change ☒ Addition
NAME	MCCARTY, RON	2.2 NAME		
STREET ADDRESS	12892 DEEP PASSAGE LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL	2.4 CITY-ST-ZIP		33931
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HAYES, JUNE	3.2 NAME	JORGENSEN, LOIS	
STREET ADDRESS	16211 OLD PELICAN BAY DR	3.3 STREET ADDRESS	4203 BAY BEACH LANE, APT H-5	
CITY-ST-ZIP	FT. MYERS BCH FL	3.4 CITY-ST-ZIP	FT. MYERS BCH FL	33931
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	GAPP, RUTH	4.2 NAME		
STREET ADDRESS	4717 HARBORTOWN LANE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP		33902
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCKINZIE, BILL	5.2 NAME	THOMPSON, JUDITH % OUTER ISLANDS DEVELOPMENT	
STREET ADDRESS	35 BARKLEY CIRCLE	5.3 STREET ADDRESS	16956-1 MC GREGOR	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(3)(i), 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 Dan Markle April 20, 1995 813-463-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lois B. Jorgensen, DAN MARKLE