FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N23947** **(7)**

1. Corporation Name

OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%DAN MARKLE 18141 OLD PELICAN BAY DRIVE FORT MYERS BEACH FL 33931	C/O GAPP. RUTH 4717 HARBORTOWN LANE FT MYERS FL 33919 US

3. Date Incorporated or Qualified: **12/17/1987**

3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 — Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 — Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JORGENSEN, LOIS B
4203 BAY BEACH LAND
APT H-5
FORT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARKLE, DAN 18141 OLD PELICAN BAY DR FT. MYERS BCH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCARTY, RON 12892 DEEP PASSAGE LANE FT. MYERS BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JORGENSEN, LOIS 4203 BAY BEACH LANE, APT H-5 FT. MYERS BCH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAPP, RUTH 4717 HARBORTOWN LANE FT. MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, JUDITH %OUTER 16956-1 MCGREGOR FT. MYERS FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR ANTHONY SCIALDONE % SKIPPERS GALLEY, 3040 ESTERO BLVD. FT. MYERS BEACH, FL 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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)(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 — Feb. 26, 1996 — (941) 463-4796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #