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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 11220 LONGWATER CHASE COURT
Suite, Apt. #, etc.
27
City & State
28 FORT MYERS, FL
Zip 29 33908 Country 30 USA

3. Date Incorporated or Qualified
12/17/1987

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARKLE, DAN		1.2 NAME		
STREET ADDRESS	18141 OLD PELICAN BAY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JORGENSEN, LOIS		3.2 NAME		
STREET ADDRESS	4203 BAY BEACH LANE, APT H-5		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GAPP, RUTH		4.2 NAME		
STREET ADDRESS	11220 LONGWATER CHASE COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCIALDONE, ANTHONY		5.2 NAME		
STREET ADDRESS	3040 ESTERO BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 LOIS B. JORGENSEN 3-12-9 941 463-4796