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03-11-1999 90050 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N23947**

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	11220 LONGWATER CHASE COURT FT MYERS FL 33908 US

2. Principal Place of Business 21	2a. Mailing Address c/o RUTH GAPP 26 11220 LONGWATER CHASE COURT	3. Date Incorporated or Qualifed 12/17/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0274285 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 FORT MYERS, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33908 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 (11/98)

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, with all other like empowered.

SIGNATURE: Lois B. Jorgensen LOIS B JORGENSEN 3-12-99 941.463-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #