2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23947

1. Entity Name

OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State
03-16-2000 90086 031 ****61.25

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 33908-4922 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0274285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORGENSEN, LOIS B 4203 BAY BEACH LAND APT H-5 FORT MYERS BEACH FL 33931	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARKLE, DAN 18141 OLD PELICAN BAY DR FT. MYERS BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / 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	TITLE / NAME / STREET ADDRESS / 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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAPP, RUTH 11220 LONGWATER CHASE COURT FORT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHNSON MICHAEL 768 ASHBURTON DRIVE NAPLES FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCIALDONE, ANTHONY 3040 ESTERO BLVD FORT MYERS BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition 33931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS B. JORGENSEN LOIS B. Jorgensen Treasurer 3-10-00 941 463-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #