NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90735 027 ****61.25

DOCUMENT # N23947

1. Entity Name
OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

B00061771

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18292 DEEP PASSAGE LANE	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
FT. MYERS BEACH	
City & State	City & State
FLORIDA	
Zip 33931 Country LEE	Zip 33931 Country USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RONALD MCCARTY

Street Address (P.O. Box Number is Not Acceptable): 18292 DEEP PASSAGE LANE

City: FT MYERS BEACH FL Zip Code: 33931

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: Ronald G. McCarty President RONALD G. MCCARTY 3-28-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PRESIDENT
NAME	RONALD MCCARTY
STREET ADDRESS	18292 DEEP PASSAGE LANE
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931
TITLE	VICE PRESIDENT
NAME	TED SCHINDLER
STREET ADDRESS	18141 OLD PELICAN BAY DR
CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	TREASURER
NAME	GARY WALLACE
STREET ADDRESS	13450 CORAL DR SW.
CITY-ST-ZIP	FT. MYERS, FL 33908
TITLE	SECRETARY
NAME	JONI HALL
STREET ADDRESS	13879 LILY PAD CIR.
CITY-ST-ZIP	FT. MYERS, FL 33907
TITLE	DIRECTOR
NAME	BRAD STAHLHUT
STREET ADDRESS	13731 MARKAM LN, P3
CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	
NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald McCarty President RONALD MCCARTY PRES 3-28-02 (239) 466-7064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #