FILED Jan 23, 2004 8:00 am Secretary of State

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ANNUAL REPORT	
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SIGNATURE:

DOCUMENT # N23947 1. Entity Name OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address GARY F. WALLACE GARY F. WALLACE 24003659 13450 CORAL DR. S.W. 13450 CORAL DR. S.W. FORT MYERS, FL 33908 FORT MYERS, FL 33908 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 65-0274285 Applied For City & State Not Applicable - Country -Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACE, GARY F Street Address (P.O. Boentymper in Not Appendia STATIC 13450 CORAL DRIVE S.W. FORT MYERS, FL 33908 FOR DEPC ACCT 4 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PΠ Delete TITLE TITLE JONI HALL MCCARTY, RON NAME NAME 18200 OLD Pelican PAY DR. 18292 DEEP PASSAGE LANE STREET ADDRESS STREET ADDRESS FORT Myers BEACH, FL33931 CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITI F SCHINDLER, TED NAME NAME STREET ADDRESS 18141 OLD PELICAN BAY DR STREET ADDRESS CITY-ST-ZIP FORT MYERS BEACH, FL 33931 CITY-ST-ZIP TITLE- = TE Delete TITLE Change Addition WALLACE, GARY NAME 13450 CORAL DR SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE HAYES, JOHN NAME' 18211 OLD PELICAN BAY DRIVE STREET ADDRESS STREET ADDRESS FORT MYERS BEACH, FL 33931 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition MCELHENY, KEN NAME NAME 18110 OLD PELICAN BAY DRIVE STREET ADDRESS STREET ADDRESS FORT MYERS BEACH, FL 33931 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.