2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# N23947

Entity Name: OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GARY F. WALLACE
13450 CORAL DR. S.W.
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

GARY F. WALLACE
13450 CORAL DR. S.W.
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0274285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLACE, GARY F
13450 CORAL DRIVE S.W.
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HALL, JONI
Address: 18200 OLD PELICAN BAY DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: VD ( ) Delete
Name: SCHINDLER, TED
Address: 18141 OLD PELICAN BAY DR
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: T ( ) Delete
Name: WALLACE, GARY
Address: 13450 CORAL DR SW
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: HAYES, JOHN
Address: 18211 OLD PELICAN BAY DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: S ( ) Delete
Name: MCELHENY, KEN
Address: 18110 OLD PELICAN BAY DRIVE
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY F. WALLACE, TREASURER TREA 01/16/2005
Electronic Signature of Signing Officer or Director — Date