

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90166 044 ****61.25

DOCUMENT # N23947

1. Entity Name

OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

~~RON MCCARTY~~ **GARY F. WALLACE**
~~18292 DEEP PASSAGA LANE~~
~~FORT MYERS BEACH FL 33931~~

Mailing Address

~~RON MCCARTY~~ **GARY F. WALLACE**
~~18292 DEEP PASSAGA LANE~~
~~FORT MYERS BEACH FL 33931~~
~~US~~

2. Principal Place of Business

13450 CORAL DR. S.W.

3. Mailing Address

13450 CORAL DR. S.W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

Zip

33908

Country

USA

Zip

33908

Country

USA

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

MCCARTY, RON
18292 DEEP PASSAGA LANE
FORT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name: **GARY F. WALLACE**

Street Address (P.O. Box Number is Not Acceptable)

13450 CORAL DRIVE, S.W.

City

FORT MYERS,

FL

Zip Code
33908

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]
Signature, typed or printed name of registered agent and title if applicable.

GARY F. WALLACE, TREASURER

(NOTE: Registered Agent signature required when reinstating)

1/10/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCCARTY, RON**
STREET ADDRESS **18292 DEEP PASSAGE LANE**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **VD** ☐ Delete
NAME **SCHINDLER, TED**
STREET ADDRESS **18141 OLD PELICAN BAY DR**
CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **T** ☐ Delete
NAME **WALLACE, GARY**
STREET ADDRESS **13450 CORAL DR SW**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **S** ☒ Delete
NAME **HALL, JONI**
STREET ADDRESS **13879 LILY PAD CIR**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **D** ☒ Delete
NAME **STAHLHUT, BRAD**
STREET ADDRESS **13731 MARKAM LANE P3**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **Ken McElheny** ☐ Delete
NAME **Ken McElheny**
STREET ADDRESS **18110 Old Pelican Bay Drive**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **John Hayes**
STREET ADDRESS **18211 Old Pelican Bay Drive**
CITY-ST-ZIP **FORT MYERS BEACH, FLORIDA 33931**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Ken McElheny**
STREET ADDRESS **18110 Old Pelican Bay Drive**
CITY-ST-ZIP **FORT MYERS BEACH, FL 33931**

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:

[Signature]
GARY F. WALLACE

TREASURER

1/10/03

239-936-519

CR2E037 (10/02)