

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90200 013 \*\*\*\*61.25

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<b>DOCUMENT # N27801</b> 1. Entity Name OLD PELICAN BAY VILLAGE CONDOMINIUM I ASSOCIATION, INC.			
Principal Place of Business 4226 DEL PRADO BLVD CAPE CORAL, FL 33904    US		Mailing Address 4226 DEL PRADO BLVD CAPE CORAL, FL 33904    US	
2. Principal Place of Business <del>AMERICAN CONDO MANAGEMENT, INC.</del> Suite, Apt. #, etc. <b>909 SE 47th TERR, Ste #105</b> City & State <b>CAPE CORAL, FL</b> Zip                      Country <b>33904                      USA</b>		3. Mailing Address <del>AMERICAN CONDO MANAGEMENT, INC.</del> Suite, Apt. #, etc. <b>P.O. Box 100399</b> City & State <b>CAPE CORAL, FL</b> Zip                      Country <b>33910                      USA</b>	
4. FEI Number 65-0105734		Chg-NP                      CR2E037 (10/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <b>SUSAN KASE</b> Street Address (P.O. Box Number is Not Acceptable) <b>909 SE 47th TERR</b> <b>Suite #105</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33904</b>	
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 <u><i>Susan Kase</i></u> <b>4/23/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GICK, PAUL 12150 SIESTA DRIVE FORT MYERS BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL, FL <input checked="" type="checkbox"/> Delete	STD NAME STREET ADDRESS CITY-ST-ZIP <b>SUSAN KASE</b> <b>909 SE 47th TERR. Ste #105</b> <b>CAPE CORAL, FL. 33904</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATTALIANO, JOHN 8 JAMESTOWN PASS COLTS NECK, NJ 07722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Susan Kase</i></u> <b>SUSAN KASE</b> <b>4/23/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>239-</b> <b>542-4404</b> <small>Date                      Daytime Phone #</small>	