

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30540

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: OLD PELICAN BAY VILLAGE, UNIT 3, CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12130 SIESTA DR.  
FT. MYERS BEACH, FL 33931

**New Principal Place of Business:**

**Current Mailing Address:**

12130 SIESTA DR.  
FT. MYERS BEACH, FL 33931

**New Mailing Address:**

FEI Number: 65-0280139      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOATE, STAN  
12130 SIESTA DR.  
FT. MYERS BEACH, FL 33931      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: CHOATE, STAN  
Address: 12130 SIESTA DR.  
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: CHOATE, LISA T  
Address: 12130 SIESTA DR.  
City-St-Zip: FT. MYERS BEACH, FL 33931

Title: D ( ) Delete  
Name: WALKER, GUY  
Address: 12132 SIESTA DR  
City-St-Zip: FORT MYERS, FL 33931

Title: D ( ) Delete  
Name: WALKER, SILVIA  
Address: 12132 SIESTA DR  
City-St-Zip: FORT MYERS, 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STAN CHOATE

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date