

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33434

FILED
Apr 27, 2009
Secretary of State

Entity Name: OLD PELICAN BAY VILLAGE COMDOMINIUM 2 ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O AMERICAN CONDO MGMT
615 CAPE CORAL PKWY W 103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 65-0139993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MGMT.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914 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: LIETZ, HAROLD
Address: 12160 SIESTA DRIVE
City-St-Zip: FT. MYERS BEACH, FL

Title: STD () Delete
Name: KASE, SUSAN
Address: 615 CAPE CORAL PKWY W 103
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: SHOREINBERG, WILLIAM D
Address: 12262 SIESTA 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:

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: HAROLD LIETZ

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date