FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:10

DOCUMENT # N39925 (5)

1. Corporation Name
OLD BRIDGE RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4534 4538 N. FT. MYERS FL 33918	P.O. BOX 4534 4538 N. FT. MYERS FL 33918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0232999 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Clubhouse.	26 P.O. Box 4538
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: N. Ft. Myers Fl.	28 City & State: N Ft. Myers, Fl
24 Zip: 33917 25 Country: Lee	29 Zip: 33918 30 Country: Lee

9. Name and Address of Current Registered Agent

ROBINSON, RUSSELL
335 POINEER PL
N FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: Lee Jay Colling, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Suite 700, First Union Building
83 20 North Orange Avenue
84 City: Orlando FL 85 Zip Code: 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Lee Jay Colling LEE JAY COLLING, ATT'Y - 2-13-95
(Signature, Typed or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CROUGHWELL, FRANK
STREET ADDRESS	260 TEA PARTY LN
CITY-ST-ZIP	N. FT MYERS FL
TITLE	VPD
NAME	ROBINSON, RUSSELL
STREET ADDRESS	335 PIONEER PL
CITY-ST-ZIP	N. FT MYERS FL
TITLE	SD
NAME	WILD, JOY
STREET ADDRESS	477 NATHAN HALE LN
CITY-ST-ZIP	N. FT MYERS FL
TITLE	TD
NAME	SCHLINDWEIN, MINNIE
STREET ADDRESS	567 SIR WALTERS WAY
CITY-ST-ZIP	N. FT MYERS FL
TITLE	D
NAME	MOLITOR, RALPHINE
STREET ADDRESS	593 SIR WALTERS WAY
CITY-ST-ZIP	N. FT MYERS FL
TITLE	D
NAME	DOZIER, ELDEN
STREET ADDRESS	301 PATRICK HENRY RD
CITY-ST-ZIP	N. FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD ☑ Change ☐ Addition
1.2 NAME	Keane, Charles
1.3 STREET ADDRESS	595 Sir Walters Way
1.4 CITY-ST-ZIP	N Ft. Myers, Fl 33917
2.1 TITLE	VPD ☑ Change ☐ Addition
2.2 NAME	Gillette, Carl
2.3 STREET ADDRESS	458 Nathan Hale Ln.
2.4 CITY-ST-ZIP	N Ft. Myers, Fl 33917
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TD ☑ Change ☐ Addition
4.2 NAME	Forsythe, Fran
4.3 STREET ADDRESS	779 Lara Cir.
4.4 CITY-ST-ZIP	N. Ft. Myers, Fl 33917
5.1 TITLE	D ☑ Change ☐ Addition
5.2 NAME	Watson, Mavis
5.3 STREET ADDRESS	545 Paul Revere Loop
5.4 CITY-ST-ZIP	N. Ft. Myers, Fl 33917
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jay C. Wild Jay C Wild 2/4/95 813-543-2941
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

008003