

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N39925** (5)

1. Corporation Name

**OLD BRIDGE RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business

PO BOX 4538  
N. FT. MYERS FL 33917  
US

Mailing Address

~~PO BOX 4538~~  
~~N. FT. MYERS FL 33918~~  
~~US~~

3. Date Incorporated or Qualified  
**09/11/1990**

3a. Date of Last Report  
**02/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

**20 N-Orange Ave-**

4. FEI Number

**65-0232999**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

**Suite # 700**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

**Orlando Florida**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

**32801**

**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLING, LEE JAY  
20 NORTH ORANGE AVE  
SUITE 700 FIRST UNION BUILDING  
ORLANDO FL 32801**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEANE, CHARLES	
STREET ADDRESS	595 SIR WALTER'S WAY	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GILLETTE, CARL	
STREET ADDRESS	458 NATHAN HALE LANE	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WILD, JOY	
STREET ADDRESS	477 NATHAN HALE LN	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORSYTHE, FRAN	
STREET ADDRESS	779 LARA CIRCLE	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, MAVIS	
STREET ADDRESS	545 PAUL REVERE LOOP	
CITY-ST-ZIP	N. FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOZIER, ELDEN	
STREET ADDRESS	301 PATRICK HENRY RD	
CITY-ST-ZIP	N. FT MYERS FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GILLETTE, CARL L.	
1.3 STREET ADDRESS	458 Nathan Hale Ln.	
1.4 CITY-ST-ZIP	N. FT. Myers Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HORTON, HAROLD	
2.3 STREET ADDRESS	646 Ben Franklin Ln.	
2.4 CITY-ST-ZIP	N. Ft. Myers, Fl.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NEIKIRK, HELEN	
3.3 STREET ADDRESS	95 Captain John Smith	
3.4 CITY-ST-ZIP	N. Ft. Myers, Fl.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Carl L. Gillette*

02/03/96

(941) 543-9330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)