

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

20 N ORANGE AVE
SUITE #700
ORLANDO FL 32801-4604
US3. Date Incorporated or Qualified
09/11/19903a. Date of Last Report
02/14/19964. FEI Number
65-0232999Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GILLETTE, CARL L. | |
| STREET ADDRESS | 458 NATHAN HALE LANE | |
| CITY-ST-ZIP | N FT MYERS FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | HORTON, HAROLD | |
| STREET ADDRESS | 646 BEN FRANKLIN LN | |
| CITY-ST-ZIP | N FT MYERS FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | NEIKIRK, HELEN | |
| STREET ADDRESS | 95 CAPTAIN JOHN SMITH | |
| 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 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Harold Horton | |
| 1.3 STREET ADDRESS | 636 Ben Franklin Lane | |
| 1.4 CITY-ST-ZIP | N. Ft. Myers, FL | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | William Reese | |
| 2.3 STREET ADDRESS | 810 Adam Drive | |
| 2.4 CITY-ST-ZIP | N. Ft. Myers, FL | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Patricia Moir | |
| 3.3 STREET ADDRESS | 317 Pioneer Place | |
| 3.4 CITY-ST-ZIP | N. Ft. Myers, FL | |
| 4.1 TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Fran Forsythe | |
| 4.3 STREET ADDRESS | 779 Lara Circle | |
| 4.4 CITY-ST-ZIP | N. Ft. Myers, FL | |
| 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Carlyn Taylor | |
| 5.3 STREET ADDRESS | 703 Thomas Jefferson | |
| 5.4 CITY-ST-ZIP | N. Ft. Myers, FL | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Elden Dozier | |
| 6.3 STREET ADDRESS | 301 patrick Henry Rd | |
| 6.4 CITY-ST-ZIP | N. Ft. Myers, FL | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Harold Horton

18 January 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0016032

CR2E037 (9/96)