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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39925** (5)

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

Principal Place of Business

Mailing Address

PO BOX 4538
N. FT. MYERS FL 33917
US

20 N ORANGE AVE
SUITE #700
ORLANDO FL 32801
US



3. Date Incorporated or Qualified

09/11/1990

4. FEI Number

65-0232999

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **500 N. Maitland Ave.**

22 City & State

27 **Suite 203**

23 Zip

Country

28 **Maitland FL**

24 Zip

Country

29 **32751** 30 **USA**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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)

500 N. MAITLAND AVE.

83

SUITE 203

84 City

MAITLAND

FL

85 Zip Code

32751

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** ☐ DELETE
NAME **REESE, WILLIAM**
STREET ADDRESS **810 ADAM DRIVE**
CITY-ST-ZIP **N FT MYERS FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **ROSIE LENZ**
1.3 STREET ADDRESS **85 CONSTITUTION WAY**
1.4 CITY-ST-ZIP **N.FT. MYERS, FL 33917**

TITLE **PD** ☒ DELETE
NAME **HORTON, HAROLD**
STREET ADDRESS **646 BEN FRANKLIN LN**
CITY-ST-ZIP **N FT MYERS FL**

2.1 TITLE **VPD** ☐ Change ☒ Addition
2.2 NAME **WILLIAM SWYERS**
2.3 STREET ADDRESS **665 MILES STANDISH Lane**
2.4 CITY-ST-ZIP **N.FT. MYERS, FL 33917**

TITLE **SD** ☐ DELETE
NAME **MOIR, PATRICIA**
STREET ADDRESS **317 PIONEER PLACE**
CITY-ST-ZIP **N FT MYERS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **FORSYTHE, FRAN**
STREET ADDRESS **779 LARA CIRCLE**
CITY-ST-ZIP **N. FT MYERS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **TAYLOR, CAROLYN**
STREET ADDRESS **703 THOMAS JEFFERSON**
CITY-ST-ZIP **N. FT MYERS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **DOZIER, ELDEN**
STREET ADDRESS **301 PATRICK HENRY RD**
CITY-ST-ZIP **N. FT MYERS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: *William Reese* William S Reese 2-17-98 941-731-0680

CR2E037 (10/97)