


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90108 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39925					
1. Corporation Name OLD BRIDGE RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 4538 N. FT. MYERS FL 33917 US			Mailing Address 500 N MAITLAND AVE 203 MAITLAND FL 32751 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/11/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0232999	
24 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
COLLING, LEE JAY 500 N MAITLAND AVE STE 203 MAITLAND FL 32751			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			1.2 NAME		
PD			GILLENWATER, LAWRENCE		
1.3 STREET ADDRESS			571 SIR WALTER'S WAY		
1.4 CITY-ST-ZIP			N. FT. MYERS FL		
2.1 TITLE			2.2 NAME		
D			LENZ, ROSIE		
2.3 STREET ADDRESS			85 CONSTITUTION WAY		
2.4 CITY-ST-ZIP			N FT MYERS FL 33917		
3.1 TITLE			3.2 NAME		
SD			MOIR, PATRICIA		
3.3 STREET ADDRESS			317 PIONEER PLACE		
3.4 CITY-ST-ZIP			N FT MYERS FL		
4.1 TITLE			4.2 NAME		
TD			FORSYTHE, FRAN		
4.3 STREET ADDRESS			779 LARA CIRCLE		
4.4 CITY-ST-ZIP			N. FT. MYERS FL		
5.1 TITLE			5.2 NAME		
VPD			SWYERS, WILLIAM		
5.3 STREET ADDRESS			665 MILES STANDISH LN		
5.4 CITY-ST-ZIP			N. FT. MYERS FL 33917		
6.1 TITLE			6.2 NAME		
D			DOZIER, ELDEN		
6.3 STREET ADDRESS			301 PATRICK HENRY RD		
6.4 CITY-ST-ZIP			N. FT. MYERS FL		

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CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Anna Greene **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (941) 731-3371

Date Daytime Phone #

234658-70108-42
N39925

Old Bridge Residents' Assoc., Inc.

Additions / Charges 12

2 VPD WILSON, CHARLES
795 ADAM DR
N. FT. MYERS FL.

D McKEDOWN, WILLIAM
782 LARA CIR.
N. FT. MYERS FL.

D HAEHNEL, DOUGLAS
814 ADAM DR
N. FT. MYERS FL.