

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N/39925 (5)**

1. Entity Name

OLD BRIDGE RESIDENTS' ASSOCIATION INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90058 044 ****61.25

Principal Place of Business

Mailing Address

**P.O. Box 4538
N. FT. MYERS, FL
33917**

**682 MAITLAND AVE.
ALTAMONTE SPRINGS
FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0232999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLING, LEE JAY
682 MAITLAND AVENUE
ALTAMONTE SPRINGS FL
32701**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to:
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GILLENWATER, LAWRENCE**
STREET ADDRESS **571 SIR WALTERS WAY**
CITY-ST-ZIP **N. FT MYERS FL 33917**

TITLE **D** ☐ Change ☒ Addition
NAME **HIGHFILL, EDDIE**
STREET ADDRESS **816 ADAM DRIVE**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **D** ☐ Delete
NAME **LENZ, ROSIE**
STREET ADDRESS **85 Constitution Way**
CITY-ST-ZIP **N. Ft Myers, FL 33917**

TITLE **D** ☐ Change ☒ Addition
NAME **SCHNEIDER, THOMAS**
STREET ADDRESS **579 Sir Walter's Way**
CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **SD** ☒ Delete
NAME **YERIAN, JOAN**
STREET ADDRESS **584 Sir Walters Way**
CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **SD** ☒ Change ☐ Addition
NAME **BRODE, CAROL**
STREET ADDRESS **797 ADAM DRIVE**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

TITLE **TD** ☐ Delete
NAME **BEVERLY SCHWEIKERT**
STREET ADDRESS **802 ADAM DRIVE**
CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE **D** ☐ Change ☐ Addition
NAME **GIBSON, RICHARD**
STREET ADDRESS **808 ADAM DRIVE**
CITY-ST-ZIP **N. FT MYERS FL 33917**

TITLE **VPD** ☐ Delete
NAME **GREENE, RUSSELL**
STREET ADDRESS **696 CONCORD LOOP**
CITY-ST-ZIP **N. FT MYERS FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **HAENNEL, DOUGLAS**
STREET ADDRESS **814 ADAM DRIVE**
CITY-ST-ZIP **N. FORT MYERS FL 33917**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

941-731-8492

Daytime Phone #

CR2E037 (11/00)

2001 Uniform Business Report (UBR)

OLD BRIDGE RESIDENTS' ASSN, INC

Attachment DOC# N39925

C0048918

Cont'd

10 - OFFICERS + DIRECTORS

D GIBSON, RICHARD
808 ADAM DRIVE
N. Ft Myers FL 33917.