

REINSTATEMENT

DOCUMENT # N45845

1. Entity Name

OLD PELICAN BAY VILLAGE, UNIT 6, CONDOMINIUM ASSOCIATION, INC.



05 JUN 20 PM 1:12

Principal Place of Business
9760 CYPRESS LAKE DRIVE
FT MYERS, FL 33919

Mailing Address
9760 CYPRESS LAKE DRIVE
FT MYERS, FL 33919

2. Principal Place of Business
12170 Siesta Dr
Suite, Apt. #, etc.
Fort Myers Beach
City & State
Florida
Zip
33931
Country
U.S.A.

3. Mailing Address
12170 Siesta Dr
Suite, Apt. #, etc.
Fort Myers Beach
City & State
Florida
Zip
33931
Country
U.S.A.



REINSTATEMENT

CR2E099 (6/04) 04-05

4. FEI Number
65-0318213

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RONALD F
9760 CYPRESS LAKE DRIVE
FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name
Ronald F Johnson
Street Address (P.O. Box Number is Not Acceptable)
12170 Siesta Dr
Fort Myers Beach
City
Florida
FL
Zip Code
33931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald F. Johnson

(NOTE: Registered Agent Signature required when reinstating)

6-16-05
DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> Delete
NAME	JOHNSON, RONALD F	
STREET ADDRESS	9760 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JOHNSON, KAY R	
STREET ADDRESS	9760 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KAY R	
STREET ADDRESS	9760 CYPRESS LAKE DR	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400056349814	
STREET ADDRESS	06/20/05--01060--007 **131.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12170 Siesta Dr	
STREET ADDRESS	Fort Myers Beach, FL 33931	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	address change only	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald F. Johnson